U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13299		2. Fiscal Year Covered From:				
		1 / 1 / 2005 Throu	ugh: 12 / 31 / 2005			
3. Name and address of person filing.		4. Name, file number, and address of labor	organization.			
Name Charles C	Zweifel	Name Teamsters Local 688	Name Teamsters Local 688			
		Labor Organization File Number 025-471				
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any				
Street 300 S. Grand		Street 300 S. Grand				
City St. Louis		City St. Louis				
State Missouri	ZIP Code + 4 63103	State Missouri	ZIP Code + 4 63103			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transa monetary value from an employer who	actions (including loans) with, ose employees your organiz	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest. Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Coce + 4	

Signature

15. Signature and Verification. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompa-	nying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the s	section on penalties in the instructions.)
7 1 2	
111111111111111111111111111111111111	Allect 1 1 Con 1500
	1)511)4 181 -501 74 7 1796
Signed /// / / / / /	0,000 019 19 20 110

Date

Form LM-30 (2003)

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Diekemper, Hammond, Shinners, et al.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 7730 Carondelet Ave.

City St. Louis

State Missouri

ZIP Coce + 4 63105

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Medicare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 S. Grand

City St. Louis

State Missouri

ZIP Code + 4 63105

11.a. Nature of such dealing.

Provides legal services to several Teamsters-affiliated trusts

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Received a campaign contribution as a candidate for state representative.

See attached campaign finance report from Missouri Ethics Commission and explanatory statement.

12,b, Amount.

14,a. Nature of payment.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name See attached

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer 🔀

or Consultant

?

14.p. Amount of payment.

Name of Person Filing Charles Zweifel

File Number U- 13299

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Name Spector & Wolfe, LLC 🗙 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 206 W. Argonne City St. Louis ZIP Code + 4 63122 State Missouri 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Provides legal services to Teamsters Local 688. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 \$58,000 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Received contribution to campaign (\$300) as candidate for elective office. Also received Christmas gift of Omaha steaks (estimated value \$50). 12.b. Amount. \$350

EXPLANATORY STATEMENT

Attached to this LM-30 Report are documents from the Missouri Ethics Commission reflecting all of the campaign contributions I received from 1/1/2005 through 12/31/2005. I have separately listed on the LM-30 contributions made by entities which I know transact business either with Teamsters Local 688 or a trust in which Teamsters Local 688 is interested. Although I am not aware that any other contributors do business with either Teamsters Local 688 or any trust in which Teamsters Local 688 is interested, it is possible that such relationships exist. Therefore, in the interest of complete disclosure, I am attaching the accompanying Ethics Commission report to my Form LM-30.

bailes C. Zweifel



Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

. DATE OF REPORT	OFFICE USE ONLY
	,
10/13/2005	

N.S.O. ID.	NO	2	10/13/2005		
	NO				
INSTRUCTIONS ON REVERSE SIDE 2. FULL NAME OF COMMITTEE			l		
ZWEIFEL FOR STATE REPRESENTATIVE					
3. COMMITTEE MAILING ADDRESS			4. COMMITTEE TELEPH	IONE NUMBER	
1960 ACORN TRAIL DRIVE			(314) 972-199	.n	
CITY / STATE / ZIP			(514/ 9/2-199	u	
FLORISSANT MO 63031					
5. TREASURER'S NAME					
JANICE SMITH					
6. TREASURER'S MAILING ADDRESS	-	· · · · · · · · · · · · · · · · · · ·	7. TREASURER'S TELEP	PHONE NUMBER	
1960 ACORN TRAIL DRIVE			HOME (314) 972-199	0	
CITY / STATE / ZIP		·	WORK: (314) 731-396	a ·	
FLORISSANT MO 63031			, MO((r., (314) /31 330		
8. DEPUTY TREASURER'S NAME CHECK IF NO	DEPUTY TRE	ASURER	<u> </u>		
9. DEPUTY TREASURER'S MAILING ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10. DEPUTY TREASURE	R'S TELEPHONE NUMBER	
			HOME:		
			{		
			WORK:		
11. DATE OF ELECTION	12. TYPE OF	ELECTION (CHECK	(ONE)		
11/7/2006		O PRIMARY	GENERAL	O SPECIAL	
13. TIME PERIOD COVERED BY THIS STATEMENT	<u> </u>		**************************************		
FROM 12/2/200 /4		THROUGH 3/31/2	005		
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S	NAME,	15. TYPE OF REPO	RT		
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIA	/ISION AND	15 DAYS AFTE	ER CAUCUS NOMINATIO	N	
POLITICAL PARTY]		•	
CLINT ZWEIFEL		Jan 15 Apr 15 Jul 15 Oct 15			
1960 ACORN TRAIL FLORISSANT MO 63031		8 DAYS BEFO			
(314) 972-1990		30 DAYS AFTE	ER ELECTION		
			N (ATT:ACH FORM CO-3	3/	
STATE REPRESENTATIVE DISTRICT 78			·	2)	
		SEMIANNUAL Ja			
			PLEMENTAL, JAN 15		
			ER PETITION DEADLINE	:	
EZIOUEOU IE INOUHABEUT			IN TENTION DEADERS	•	
CHECK IF INCUMBENT		OTHER			
		. —	REVIOUS REPORT DATE	D	
REPUBLICAN DEMOCRAT		4/15/	200	, 20 05	
16. COMMITTEE TREASURER'S SIGNATURE		17. CANDIDATE'S S	IGNATURE (CANDIDATE	E COMMITTEES ONLY)	
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS	COVER	I CERTIFY THAT	THIS REPORT, COMPRIS	SED OF THIS COVER	
PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TR		PAGE AND ALL A	ATTACHIED FORMS, IS CO		
ACCURATE.		ACCURATE.			
BI BORDONICALLY DILERS OF 12 GOOD 45 COM		Fr 42m2	ONTEN DITER OF THE	D005 10 057W	
ELECTRONICALLY FILED Oct 13 2005 10:25PM			CALLY FILED Oct 13	2005 10:25PM	
TREASURER'S SIGNATURE		CANDIDAT	E'S SIGNATURE		



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT OFFICE USE ONLY

10/13/20

	RECEIPTS	A. THIS	PERIOD	B. THIS	ELECTION	STATEMENT OF BEGINNING AND ENDING		ING		
1.	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 5	0,995.00	FINANCIAL CONDITION				
2.	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	75.00				MONEY ON	H A NIC		
3.	ALL LOANS RECEIVED THIS PERIOD	+\$	0.00			MONEY ON HAND				
4.	MISCELLANEOUS RECEIPTS THIS PERIOD	+\$	0.00			1	25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS		19,19	2 45
5.	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	75.00			1	ACCOUNTS AND ALL OTHER NVESTMENTS)		19,19	J.4J
6.	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$	0.00			26. N	MONETARY REICEIPTS THIS PERIOD	+ 9	. 75	.00
7.	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$	75.00			(FROM ITEM 5)	1	, /5	.00
8.	FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$	0.00				MONETARY DISBURSEMENTS MADE (HIS PERIOD (SUM 11 + 17 + 24)		11 00	7 44
9.	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 5	1,070.00		a) Disbursements By Check \$ 12,93 b) Disbursements By Cash \$	7.44 8.66	11,93	/.44
L	EXPENDITURES	A. THIS I	PERIOD	B. THIS	ELECTION		28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)		יס פי	1 () 1
10.	ELECTION PREVIOUSLY REPORTED			\$ 7	3,433.16				7,331.0	
L	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4	,137.44			INDEBTEDNESS				
L	IN-KIND EXPENDITURES MADE THIS PERIOD	+\$	0.00			INDED LEDIVESS				
┖	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$	0.00				DUTSTANDING INDEBTEDNESS AT TI	HE ¢	0	0.0
14.	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 4	,137.44			E	BEGINNING OF THIS PERIOD	•	0.00	
15.	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$ 7	7,570.60	30.	OANS RECEIVED THIS PERIOD	+ 9	. 0	0.0
	CONTRIBUTIONS MADE	A. THIS I	PERIOD	B. THIS	ELECTION		SANOTESET LO TITO		, 0	.00
L	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	5,400.00	31.	IEW DEBTS INCURRED THIS PERIOD	+ \$		0
L	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 7.	,800.00			,	ALVADED INCOMED THIS PENIOL		, 0	.00
18.	PERIOD	+ \$	0.00			32. P	PAYMENTS MADE ON LOANS THIS	- \$		0
19.	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 7.	,800.00			P	PERIOD		0	.00
20.	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			\$ 1:	3,200.00	33. C	CREDITS RECEIVED ON LOANS THIS	- \$		0.0
	OTHER DISBURSEMENTS	A. THIS F	PERIOD	B. THIS	ELECTION	Р	PERIOD		<u> </u>	.00
乚	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$	0.00				AYMENTS MACKE THIS PERIOD ON	- \$		0.0
L	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$	0.00				DEBTS INCURRED IN PREVIOUS PERIOD			.00
L	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$	0.00				OTAL INDEBTIEDNESS AT THE CLOS	\$		0.0
24.	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$	0.00				SUM 29 + 30 + 31 - 32 - 33 - 34)	Ψ		.00
						-				SUMMARY

CD SUMMARY



MISSOURI ETHICS COMMISSION

OFFICE USE ONLY CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

A ITEMEZED CONTRIBUTIONS RECEIVED S. AMCUNT RECE	1. NAME OF COMMITTEE	2. REPORT DATE		
RFOW COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING AGGREGATE TO DATE	ZWEIFEL FOR STATE REPRESENTATIVE	10/13/2005		
MORE THAN \$100 TO A COMMITTEE. JAMME. ADDRESS AND OCCUPATIONALIST COMMITTEES PERST) ADDRESS. CITY / STATE: BMPLOYER: S	A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMO	UNT RECEIVED
MAME ADDRESS AND OCCUPATION IN STATE	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	"ACCRECATE TO	,	' "
ADDRESS: CITY (STATE: COMMITTEE: MONETARY IN-KIND MONETARY IN-KIND MONETARY IN-KIND MONETARY		1	1	
ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: S MONETARY ADDRESS CITY / STATE: EMPLOYER: S MONETARY COMMITTEE: MONETARY MO			 	or in-randy
COMMITTEE: \$ MONETARY	· · · · · · · · · · · · · · · · · · ·	[او	
MONETARY MANETARY		Ì	Ι Ψ	
COMMITTEE: \$		1 Mares 44 1 44 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MONETARY
NAME:	L	\$		
ADDRESS: CITY (STATE: EMPLOYER: COMMITTEE: SOUTH (STATE: EMPLOYER: ADDRESS: CITY (STATE: EMPLOYER: COMMITTEE: MONETARY IN-KIND MONETARY			 '	IN-KIND
MONETARY			٠,	
EMPLOYER:			1 2	
GOMMITTEE: \$ IN-KIND NAME: ROPERSS:		# 11+15Pp*****************************	1	AMONITATIV
COMMITTEE:		l \$		
ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: MONETARY IN-KIND MONETARY			 	IN-KIND
MONETARY			•	
MONETARY MANUEL		ł	1 2	
COMMITTEE: S		***************************************		1201mm4m1
COMMITTEE:		\	H	
ADDRESS: CITY / STATE: MPLOYER: COMMITTEE: MONETARY			<u> </u>	IN-KIND
CITY / STATE:				
EMPLOYER:			\$	
COMMITTEE: \$	CITY / STATE:	[4 448 44 44 44 44 44 44	ļ ,	
COMMITTEE:	ł	1 3		=
ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: COMMITTEE: S 0.00 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) S 0.00 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES H \$ 0.00 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS B. NON-ITEMIZED CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS C. 0.00 12. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (INING \$100 OR LESS T. 5. 00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (INOT COMMITTEES) GIVING \$100 OR LESS T. 5. 00 15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE: S 0.00 17. TAMOUNT OF LOAN (IF MORETHAN \$100 OR LESS) T. AMOUNT OF LOAN (IF MORETHAN \$100 OR TITACH CO-IB) 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) S 0.00 19. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) S 0.00 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) C. T	COMMITTEE:		<u>— ⊔</u>	IN-KIND
CITY / STATE:	NAME:			
EMPLOYER:			>	İ
COMMITTEE:		# 4 194 44 POR 1801 10 BORE STREET COLOR FOR THE STREET		
COMMITTEE:		l <u>\$</u>		i
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		<u>L`</u>	-	IN-KIND
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) \$ 0.00 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS \$ 0.00 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS \$ 0.00 11. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS \$ 0.00 12. NON-TEMIZED CONTRIBUTIONS RECEIVED AS IN-KIND CONTRIBUTIONS RECEIVED THOU PRISONS (IN INFO PERIOD (PLAN 6) 1. AMOUNT RECEIVED (IN INFO PERIOD (PLAN 6) 1. AMOUNT RECEIVED (IN INFO PERIOD (PLAN 6) 1. AMOUNT RECEIVED (IN INFO PERIOD (PLAN 6) 1. AMOUNT PROCEIVED (PROM PERSON GIVING \$25 OR LESS \$ 0.00 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IN INFO \$100 OR LESS \$ 75.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS \$ 0.00 15. NAME EXAMPLE OR AND ADDRESS OF LENDER 16. DATE RECEIVED (IF MORE THAN 1500 ATTACH CD-18) NAME: ADDRESS: CITY / STATE: \$ 1. AMOUNT OF LOAN (IF MORE THAN 1500 ATTACH CD-18) 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 19. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 19 + 14) \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 19 + 14) \$ 0.00	6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS \$ 0.00 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS \$ 0.00 11. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS \$ 0.00 12. NON-TEMIZED CONTRIBUTIONS RECEIVED TO CLIST BY INDIVIDUAL CONTRIBUTIONS) 13. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS \$ 0.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS \$ 75.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS \$ 0.00 15. NAME AND ADDRESS OF LENDER \$ 0.00 16. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH GD-18) 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH GD-18) 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 19. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 20. TOTAL: LOANS THIS PAGE AND ANY ATTACHED PAGES \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00	7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES	•]+ \$	0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS \$ 0.00 B. NON-TEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CLITIA \$ 0.00 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS \$ 0.00 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS \$ 75.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS \$ 0.00 15. NAME AND ADDRESS OF LENDER 1É. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN STOO ATTACH CD-18) NAME: ADDRESS: CITY / STATE: \$ \$ 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES \$ 0.00 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00	8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	0.00
B. NON-TEMIZED CONTRIBUTIONS RECEIVED	9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	0.00
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CEPIA 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS 15. NAME AND ADDRESS OF LENDER 16. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-18) 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 18 + 19) 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 5. O. 00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)	10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	0.00
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CIVIA \$ 0.00 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS \$ 0.00 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS \$ 75.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS \$ 0.00 15. NAME AND ADDRESS OF LENDER 1Ê. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) NAME: ADDRESS: CITY / STATE: \$ \$ 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 19. SUBTOTAL: LOANS THIS PERIOD (SUM 18 + 19) \$ 0.00 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00	B. NON-TEMIZED CONTRIBUTIONS RECEIVED		1	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS \$ 0.00 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS \$ 75.00 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS \$ 0.00 15. NAME AND ADDRESS OF LENDER 16. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORETHAN \$100 ATTACH CD-18) NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) \$ 0.00 19. SUBTOTAL: LOANS TROM ANY ATTACHED PAGES \$ 0.00 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00		1 CEPIA		· · · · · · · · · · · · · · · · · · ·
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS 15. DATE RECEIVED 16. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CO-1B) NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			le	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$109 OR LESS C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER 16. DATE RECEIVED 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) NAME: ADDRESS: CITY / STATE: S. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			· · · · · · · · · · · · · · · · · · ·	
C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: S CITY / STATE: 17. AMOUNT OF LOAN (IF MORETHAN \$100 ATTIACH CD-1B) S CITY / STATE: \$ ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 11 + 12) + 14		\$ \$100 OR LESS		
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS THIS PERIOD (SUM 18 + 19) 20. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)				
NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: \$ SINCH STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 33. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)	15. NAME AND ADDRESS OF LENDER		(IF M	IORE THAN \$100
ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: \$ SINCHARGE SINCHARGE \$ 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14) 24. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14) 25. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)	NAME:		 ^	HACH CD-18)
CITY / STATE: NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)				
NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			ls	•
ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)			+	
CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			}	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 0, 11 13 2 4 2)			le l	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 0, 11 13 9 43)		L		
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 23. TOTAL: ALL MONETARY CONTRIBUTIONS (CIMA 14 43 43)				
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0.00				
22 TOTAL ALL MONETARY CONTRIBUTIONS (CIN 0 44 42 9 42)				
ZZ. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		·····		0.00
				75.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) \$ 75.00	23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9, 13 & 20)		



MISSOUR! ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE

OFFR	NC 11	rc.	MEV	10000		2.00
$\varphi \tau \tau v$		- T	11.1		000000000000000000000000000000000000000	***
						530
						200

			100.000		de la companya	800
			*****		****	
*********		0.000000	*****			×.
				3 10000 1		33 Y
			60 AX			· >:

1. NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005		
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY		.10/13/2005	<u> </u>	
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BEI			4. AM	OUNT PAID OR
3. CATEGORY OF EXPENDITURE			INCURR	ED THIS PERIOD
United States Postal Service		***************************************	\$	74.00
			\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM CO	LUMN 4)		\$	74.00
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGE			+ \$	0.00
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$	
B. ITEMIZED EXPENDITURES ALL OVER \$100	,	10. PURPOSE - (IF	- Ψ	74.00
AND ALL PAYMENTS TO CAMPAIGN WORKERS 8. NAME AND ADDRESS OF RECIPIENT	9. DATE	PAYMENT WAS TO A CAMPAIGN WORKER, SHO	11. AMO	UNT THIS PERIOD
NAME:		4.GGREGATE PAID)	\$	
ADDRESS:			PAI	n
CITY/STATE:		\$		URRED
	_	Ψ	- 6	OKKED
NAME:				D
ADDRESS: View Supplemental Form(s)		•	PAI	
CITY / STATE:		\$		URRED
NAME:			\$	_
ADDRESS:			PAI	
CITY / STATE:		\$		URRED
NAME:			\$	
ADDRESS:			PAII	
CITY / STATE:		\$		URRED
NAME:			\\$	
ADDRESS:			PAII	D
CITY / STATE:		\$	INC	URRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$	0.00
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$	4,063.44
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13)			\$	4,063.44
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$	4,137.44
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$	4,137.44
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD)		\$	0.00
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD	D, LIST AMOUNT		\$	0.00
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO			\$	0.00
C. MONETARY CONTRIBUTIONS MADE (REGARDLES	S OF AMOUNT)	21. DATE	22	. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE				
NAME:		}		
ADDRESS: View Supplemental Form(s)			m	
CITY/STATE:			\$	·····
NAME:				
ADDRESS:				
CITY / STATE: NAME:			\$	
ADDRESS:				
CITY / STATE:			s	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)				0.00
24. SUBTOTAL: ANY ATTACHED PAGES				
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	23 + 24)		+ \$ \$	7,800.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT	20 ° 24)		\$ \$	7,800.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH	IC DEDICT (CITAL OF	26)		0.00
		201	\$ \$	7,800.00
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT				0.00

FORM CD3



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

FFICE (
D-1-11 1- 2	P → 1 10		20.0000
			60 MOD MOD
			2011/2007 (2007)
	300 1000 1000	200000000000000000000000000000000000000	
353 355 355 355	and the second		
			200000000000000000000000000000000000000
*********	000000000000000		
concern december	Acres (Alleria)		
			100-100-100-1
			000000000000000000000000000000000000000
			00.000.000
	90.000000000		531100000000000000000000000000000000000
			000000000000000000000000000000000000000

	000,000,000		200000000000000000000000000000000000000

NAME OF COMMITTEE			REPORT DATE			
ZWEIFEL FOR	STATE REPRESENTATIVE		10/13/2005			
ITEMIZ	ED EXPENDITURES ALL OVER \$100		PURPOSE - (IF PAYME)			
	PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	'WORKER, SHOW	AMOUNT THIS PERIOD		
NAME:			AGGREGATE PAID)	•		
ADDRESS:	Gregory Shufeldt 3931 Cleveland Avenue		Campaign Work	er PAID 975.00		
	St. Louis, MO 63110	1/18/2005		1==		
CITY / STATE:		<u> </u>	\$ 0.	00 INCURRED		
NAME:	Clint Zweifel			784.79		
ADDRESS:	1960 Acorn Trail Dr Florissant, MO 63031	1/18/2005		PAID		
CITY / STATE:	riolissanc, no ososi		\$ 0.	00 NCURRED		
NAME:	Mueller's Sign Shop			\$ 215.23		
ADDRESS:	4418 Manchester	1/24/2005		PAID 215.23		
CITY / STATE:	St. Louis, MO 63110		\$ 0.	00 INCURRED		
NAME:	Cinqular Wireless			\$		
ADDRESS:	Post Office Box 65055	1/11/2005		PAID 200.00		
CITY / STATE:	Dallas, Texas 75265-0553	1 -,,	\$ 0.	00 NCURRED		
NAME:	Staples			\$		
ADDRESS:	2500 Missouri Blvd	3/21/2005		PAID 198.99		
CITY / STATE:	Jefferson City, MO 65101	3,21,2003	\$ 0.	<u></u>		
NAME:			- * 	\$		
ADDRESS:	Cingular Wireless Post Office Box 65055	0/00/0005		PAID 285.43		
CITY / STATE:	Dallas, Texas	2/22/2005	\$ 0.	00 NCURRED		
NAME:		<u> </u>	1 3 · · · · · · · · · · · · · · · · · ·	© INCORRED		
ADDRESS:	Cingular Wireless	7/10/2025		PAID 158.60		
	Post Office Box 65055	1/10/2005	s 0.			
CITY / STATE:			<u>\$</u> 0.	00 NCURRED		
NAME:	CDKWeb	. (0.0 (0.0.0		3		
ADDRESS:	5988 Mid Rivers Mall Drive Saint Charles, Missouri 63304	1/27/2005		PAID 1,145.40		
CITY / STATE:	Surito Sharron, Milbouri, Sasti		\$ 0.	00 INCURRED		
NAME:	SBC			\$ 100.00		
ADDRESS:	PO Box 6300747 Dallas, Texas 75263	12/7/2005		PAID		
CITY/STATE:	Dallas, Texas /5203	<u> </u>	S 0.	00 NCURRED		
NAME:				\$		
ADDRESS:				PAID		
CITY / STATE:			\$	INCURRED		
NAME:				\$		
ADDRESS:			<u> </u>	PAID		
CITY / STATE:			 \$	INCURRED		
NAME:				\$		
ADDRESS:		!		PAID		
CITY / STATE:			 \$	INCURRED		
NAME:				\$		
ADDRESS:			1	PAID		
CITY / STATE:			ls	INCURRED		
NAME:			 	6		
ADDRESS:		ļ		PAID		
CITY / STATE:			le			
NAME:			<u> \$</u>	INCURRED		
ADDRESS:			1	\$ [
			1.	PAID		
CITY / STATE:	WITER EVOCANTURES ALL OVER \$400 AND \$41 DA	MENTS TO CAMPAIGN	\$	INCURRED		
	MIZED EXPENDITURES ALL OVER \$100 AND ALL PA		WORKERS			
(CA	RRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAG	ES" ON FORM CD-3)		\$		



MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE DATE 10/13/2005 ZWEIFEL FOR STATE REPRESENTATIVE MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE **AMOUNT** NAME AND ADDRESS OF CANDIDATE OR COMMITTEE Johnson for Jefferson County NAME: ADDRESS: PO Box 143 2/23/2005 CITY/STATE: High Ridge, Missouri 63049 600.00 \$ House Democratic Campaign Committee NAME: 208 Madison Street ADDRESS: 2/25/2005 PO Box 719 5,000.00 CITY/STATE: Jefferson City, MO 65102 Citizens for Teresa Loar NAME: 110 NW Barry Rd #201 2/28/2005 ADDRESS: CITY/STATE: Kansas City, MO 54153 300.00 Citizens for Barnitz NAME: 3/15/2005 PO Box 104 ADDRESS: CITY/STATE: Lake Spring, MO 65532 600.00 \$ Al Liese for State Rep NAME: ADDRESS: 1982 Springtree Dr 3/23/2005 300.00 CITY/STATE: Maryland Heights, Missouri 63043 S Missouri Democratic Party NAME: 208 Madison Street 3/30/2005 ADDRESS: ADDRESS: PO Box 719 CITY/STATE: Jefferson City, MO 65102 1,000.00 \$ NAME: ADDRESS: CITY / STATE: \$ TOTAL: ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) \$

FORM CD 3 SUP C



Missouri Ethics Commission

COMMITTEE DISCLOSURE REPORT C	OVER PAGE	10,	/13/2005	
M.E.C. ID NO	2			
INSTRUCTIONS ON REVERSE SIDE				
2. FULL NAME OF COMMITTEE		······································		
ZWEIFEL FOR STATE REPRESENTATIVE				
3. COMMITTEE MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	4. COMMITTE	E TELEPHONE NU	MBER
1960 ACORN TRAIL DRIVE		(24.)		
CITY / STATE / ZIP		(314)	972-1990	
FLORISSANT MO 63031				
5. TREASURER'S NAME				
JANICE SMITH				
6. TREASURER'S MAILING ADDRESS		7. TREASURE	ER'S TELEPHONE I	NUMBER
1960 ACORN TRAIL DRIVE		HOME (314)	972-1990	
CITY / STATE / ZIP		WORK (314)	731-3969	
FLORISSANT MO 63031		<u> </u>		
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TRE	ASURER			
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY	TREASURER'S TEL	EPHONE NUMBER
		HOME:		
		WORIC;		
11. DATE OF ELECTION 12. TYPE OF	ELECTION (CHECK	(ONE)		
8/3/2006	O PRIMARY	(*) GEN	ERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT				
FROM 4/1/2005	THROUGH 6/30/2	005		
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME,	15. TYPE OF REPO	RT		
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15 DAYS AFT	ER CAUCUS N	OMINATION	
CLINT ZWEIFEL	COMMITTEE		REPORT	□0+45
1960 ACORN TRAIL FLORISSANT MO 63031.	8 DAYS BEFO		pr 15 🔽 Jul 15	Oct 15
(314) 972-1990	30 DAYS AFT	ER ELECTION		
STATE REPRESENTATIVE DISTRICT 78	TERMINATION	N (ATTACH F	FORM CO-3)	
	SEMIANNUAL			
	ANNUAL SUP	ın 15 🔲 Ju PLEMENTAL, J		
	15 DAYS AFT	ER PETITION	DEADLINE	
CHECK IF INCUMBENT	OTHER			
	MAMENDING P	REVIOUS REP	ORT DATED	
REPUBLICAN DEMOCRAT	7/15/	2006 1		, 20 05
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S S	IGNATURE (CANDIDATE COMM	ITTEES ONLY)
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.	(, COMPRISED OF RMS, IS COMPLET	
ELECTRONICALLY FILED Oct 13 2005 10:29PM	ELECTRON	CALLY FILED	Oct 13 2005 10	1:29PM
TREASURER'S SIGNATURE		E'S SIGNATUR		

1. DATE OF REPORT OFFICE USE ONLY



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

10/13/20

OFFICE USE ONLY

Г		T			\	
	RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT (BEGINNING AND E		
1.	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 51,070.00	FINANCIAL COND		
2.	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 300.00		MONEY ON HAND		
3.	ALL LOANS RECEIVED THIS PERIOD	+\$ 0.00				
4.	MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS		
5.	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 300.00		ACCOUNTS AND ALL OTHER INVESTMENTS)	, 7,331.01	
6.	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0.00		26. MONETARY RECEIPTS THIS PERIOD	+\$ 300.00	
7.	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 300.00		(FROM ITEM 5)	300.00	
8.	FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 29.85	
9.	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 51,370.00		× 43.05	
L	EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 7,601.16	
L	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 77,570.60	(SUM 25 + 26 - 27)	7,001.10	
11.	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 29.85		INDEBTEDNESS		
12.	IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0.00		INDEDIEDNESS		
13.	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE	s 0.00	
14.	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 29.85		BEGINNING OF THIS PERIOD	0.00	
15.	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 77,600.45	30. LOANS RECEIVED THIS PERIOD	+\$ 0.00	
	CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	LOANG NEGERILD THIS FEMOLE	0.00	
16.	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 13,200.00	31.		
	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00	
L	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0.00		32. PAYMENTS MADE ON LOANS THIS	• 0 00	
19.	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00		PERIOD	-\$ 0.00	
20.	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 168 + 19A)		\$ 13,200.00	33. CREDITS RECEIVED ON LOANS THIS	-\$ 0 00	
	OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION	PERIOD (-\$ 0.00	
Ĺ	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0.00		34. PAYMENTS MADE THIS PERIOD ON	• 0 00	
L	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0.00		DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0.00	
23.	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0.00		35. TOTAL INDEBTECINESS AT THE CLOSE		
24.	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00		OF THIS REPOR™ING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00	

CD SUMMARY



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	10/13/2005	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME: ADDRESS Credit Union Political Action Committee		
, abarcoo.	6/2/2005	\$ 150.00
CITY/STATE: 2055 Craigshire Drive	1) : 411M34m44mv; quariet trans 1:0163418	
EMPLOYER: St. Louis, Missouri 63146	\$ 0	MONETARY
COMMITTEE:		IN-KIND
NAME:		
ADDRESS: Blue Cross Blue Shield of Missouri	6/29/2005	\$ 150.00
CITY/STATE: Post Office Box 5035	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EMPLOYER: Thousand Oaks, CA 91359	\$ 0	MONETARY
COMMITTEE:	···	' IN-KIND
NAME:		_
ADDRESS:		\$
CITY / STATE:	9	
EMPLOYER:	\$	MONETARY
COMMITTEE:		IN-KIND
NAME:		
ADDRÉSS:		\$
CITY / STATE:		}
EMPLOYER:	d'	MONETARY
COMMITTES:	\$	☐ IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		1
EMPLOYER:	4[;	■ MONETARY
COMMITTEE:	4t,	☐ IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	\$ 300.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	\$ 300.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 300.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS	\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CE) IA	\$ 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0.00
C. LOANS RECEIVED	16. DATE	17. AMOUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD-1B)
NAME:		AT (AOT OF 18)
ADDRESS:		
CITY / STATE:		 \$
NAME:		<u> </u>
ADDRESS:		
CITY / STATE:		\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		<u></u>
		300.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADD	DRESS (SUM 9, 13 & 20)	\$ 300.00



MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE

OFFICE U			100000000000000000000000000000000000000
****			*********
222			
1000 0000 0000		O*	
	Consider the Consideration	and the second	4.600 (0.000)
1,000,000,000,000,000		2000 Maria	
200000000000000000000000000000000000000		000.0000	
The second second second	Contract Con	W	
100000000000000000000000000000000000000		********	
		2001 2000	
10000 (0000 0000 0000		000	
I conservation and		300.0000	

1. NAME OF COMMITTEE 2. FIEPORT DATE ZWEIFEL FOR STATE REPRESENTATIVE 2. 0/13/2005					
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY					
(LIST PAYMENTS TO CAMPAIGN 3. CATEGORY OF EXPENDITURE				4. AMOUNT PAID OR INCURRED THIS PERIOD	
View Suppleme	\$				
				\$	
5. SUBTOTAL: NON-ITEMIZED EXPEN	\$	0.00			
6. SUBTOTAL: NON-ITEMIZED EXPEN	+ \$	29.85			
7. TOTAL: NON-ITEMIZED EXPENDIT				\$	29.85
B. ITEMIZED EXPENDITURES		T	10. PURPOSE - (IF		
AND ALL PAYMENTS TO CAMPA 8. NAME AND ADDRESS OF RECIPIEN	AIGN WORKERS	9, DATE	PAYMENT WAS TO A CAMPAIGN WORKER, SHOW .4GGREGATE.PAID)	11. AMOUNT THIS	PERIOD
NAME: Cinqular Wireles:	s		Phone Service	\$	
ADDRESS: Post Office Box		5/18/2005		Z PAID	0.00
CITY/STATE: Dallas, TX 75265			\$ 594.99	INCURRED	
NAME: Dell				\$	
ADDRESS: Post Office Box	6403	5/31/2005	Office Supplies	7 PAID	0.00
CITY/STATE: Carol Stream, IL		1/31/2003	\$ 111.35	INCURRED	
NAME: GRO		 		\$	
300		6/6/2005	Phone Service	Z PAID	0.00
Dallac TV 75767		0,0,2003	\$ 275.00	INCURRED	
CITY/STATE:			\$ 275.00	e INCORRED	
NAME: Russo's Catering		6/10/2005	Food for Townha	PAID	0.00
ADDRESS: 9904 Page Avenue		6/10/2003	\$ 493.77		
CITT/STATE:		<u> </u>	\$ 493.77	INCURRED	
NAME:				3	
ADDRESS:				PAID	
CITY / STATE:		<u> </u>	\$	INCURRED	
12. SUBTOTAL: THIS PAGE (SUM CO				\$	0.00
13. SUBTOTAL: ANY ATTACHED PAG	ES			+\$	0.00
14. TOTAL: ITEMIZED EXPENDITURE	S THIS PERIOD (SUM 12 +13)			\$	0.00
15. TOTAL: MONETARY EXPENDITUR	RES THIS PERIOD (SUM 7 + 14	1)		\$	29.85
16. AMOUNT OF LINE 15 WHICH WAS	PAID OUT THIS PERIOD			\$	29.85
17. AMOUNT OF LINE 15 WHICH WAS	DEBT INCURRED THIS PERIO	מכ		\$	0.00
18. IF COMMITTEE MADE ANY IN-KINI	D EXPENDITURES THIS PERI	OD, LIST AMOUNT		\$	0.00
19. FUNDS USED FOR REPAYING LO	ANS THIS PERIOD (ATTACH F	ORM CD1B)		\$	0.00
C. MONETARY CONTRIBUTION	ONS MADE (REGARDLE	SS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDID	ATE OR COMMITTEE		21. DATE	22. AMOUN	17]
NAME:			<u> </u>	 	····
ADDRESS:			j		
CITY / STATE:				 \$	
NAME:	——————————————————————————————————————				
ADDRESS:					
CITY / STATE:				 \$	
NAME:					
ADDRESS:					
CITY / STATE:				\$	
23. SUBTOTAL: THIS PAGE (SUM CO	LUMN 22)			\$	0.00
24. SUBTOTAL: ANY ATTACHED PAG	ES			+\$	0.00
25. TOTAL: MONETARY CONTRIBUTION	ONS MADE THIS PERIOD (SU	M 23 + 24)		\$	0.00
26. IF COMMITTEE MADE ANY LOANS				\$	0.00
27. TOTAL: ALL MONETARY CONTRIB			6)	\$	0.00
28. IF COMMITTEE MADE ANY IN-KIN				\$	0.00
					DM CD3



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

IOH NE	USE ON	

	DATE		
ZWEIFBL FOR STATE REPRESENTATIVE	0/13/2005		
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP E CATEGORY OF EXPENDITURE	AMOUNT PAID OR INCURRED THIS PERIOD		
Internet Banking Maintenance Fee	\$ 9.95		
Internet Banking Maintenance Fee	\$ 9.95		
Internet Banking Maintenance Fee	\$ 9.95		
	\$		
	\$		
T-12-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	\$		
	\$		
	\$		
	\$		
	<u> </u> \$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL: ITEMIZED EXPENDITURES THIS PAGE			
(CARRY TO ITEM 13, "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$		



Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT	OFFICE USE ONLY
10/13/2005	

The second second	701040	2	ļ	10/13/2005	-
M.E.C. ID (NO	4			
INSTRUCTIONS ON REVERSE SIDE					
2. FULL NAME OF COMMITTEE					
ZWEIFEL FOR STATE REPRESENTATIVE					1
3. COMMITTEE MAILING ADDRESS			4. COMM	ITTEE TELEPHONE I	IUMBER
1960 ACORN TRAIL DRIVE			1		
CITY / STATE / ZIP			(314) 972-1990	
FLORISSANT MO 63031					
5. TREASURER'S NAME					
JANICE SMITH					
6. TREASURER'S MAILING ADDRESS			7. TRIEAS	SURER'S TELEPHONE	NUMBER
1960 ACORN TRAIL DRIVE			HOME: (314) 972-1990	
CITY / STATE / ZIP			MODIC: /	314) 731-3969	
FLORISSANT MO 63031			WORK, (314) /31-3565	
8. DEPUTY TREASURER'S NAME CHECK IF NO	DEPUTY TRE	ASURER			
9. DEPUTY TREASURER'S MAILING ADDRESS			Ian n≕ei	ITY TREASI IRER'S TI	LEPHONE NUMBER
o. Del ott Menonello Malello Abbiteto			HOME:	AT THEADONERO II	ELI MONE NONDEN
		· · · · · · · · · · · · · · · · · · ·	HOME:		
			WORK		
11. DATE OF ELECTION	12. TYPE OF	ELECTION (CHECK	-		_
11/9/2006		O PRIMARY	0	GENERAL.	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT	<u> </u>				
FROM 7/1/2005		THROUGH 10/1/2	005		
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S		15. TYPE OF REPO	RT		
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIN POLITICAL PARTY	/ISION AND	15 DAYS AFTI	ER CAUC	US NOMINATION	
CLINT ZWEIFEL		COMMITTEE (LY REPORT Apr 15 Jul 1	5 [7]Oct 15
1960 ACORN TRAIL FLORISSANT MO 63031		8 DAYS BEFO			- W
(314) 972-1990		30 DAYS AFTE	ER ELEICT	NOF	
STATE REPRESENTATIVE DISTRICT 78		TERMINATION	ATTA) V	CH FORM CO-3)	
		SEMIANNUAL	-	-	
		Ja ANNUAL SUPI	L	Jul 15 AL, JAN 15	
		15 DAYS AFTE	ER PETIT	TION DEADLINE	
CHECK IF INCUMBENT		OTHER			
		AMENDING P	REVIOUS	REPORT DATED	
REPUBLICAN DEMOCRAT		10/15	i/2006		, 20 ⁰⁵
16. COMMITTEE TREASURER'S SIGNATURE		17. CANDIDATE'S S	IGNATURI	E (CANDIDATE COM	MITTEES ONLY)
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TR ACCURATE.				ORT, COMPRISED OF FORMS, IS COMPLE	
ELECTRONICALLY FILED Oct 13 2005 10:37PM		ELECTRONI	CALLY F	ILED Oct 13 2005	10:37PM
TREASURER'S SIGNATURE		CANDIDAT	E'S SIGNA	TURE	



NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

OFFICE USE ONLY 10/13/20

RECEIPTS	S	A.	THIS PERIOD	B, THIS ELECTION	1	STATEMENT (BEGINNING AND I		c	
TOTAL RECEIPTS FOR TH PREVIOUSLY REPORTED	IS ELECTION			\$ 0.00	,	EINANCIAL COND			
2. ALL MONETARY CONTRIB RECEIVED THIS PERIOD	UTIONS	\$	5,000.00			MONEY ON HAND		i di tili di	
3. ALL LOANS RECEIVED TH	IS PERIOD	+\$	0.00						
4. MISCELLANEOUS RECEIP	TS THIS PERIOD	+\$	0.00		25	 MONEY ON HIAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS 		,651.16	
5. SUBTOTAL MONETARY RE PERIOD (SUM 2A + 3A + 4A		\$	5,000.00			ACCOUNTS AND ALL OTHER INVESTMENTS)		, 7,051.10	
6. IN-KIND CONTRIBUTIONS PERIOD	RECEIVED THIS	+ \$	0.00		26	26. MONETARY RECEIPTS THIS PERIOD		,000.00	
7. TOTAL ALL RECEIPTS THI 5A + 6A)	S PERIOD (SUM	\$	5,000.00			(FROM ITEM 5)	, 4 5	,000.00	
 FUNDS USED FOR REPAY PERIOD 	'ING LOANS THIS	- \$	0.00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 2	,765.92	
9. TOTAL ALL RECEIPTS THE (SUM 1B + 7A - 8A)	IS ELECTION			\$ 5,000.00		a) Disbursements By Check \$ 2.765.92 b) Disbursements By Cash \$ a.cc	Ψ Z	, 763.92	
EXPENDITUE	RES	Α.	THIS PERIOD	B. THIS ELECTION	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 9	,885.24	
10. TOTAL EXPENDITURES FO ELECTION PREVIOUSLY R				\$ 77,600.45	5	(SUM 25 + 26 - 27)		,003.24	
11. EXPENDITURES MADE BY CHECK THIS PERIOD	CASH OR	\$	2,165.92			INDEBTEDNESS			
12. IN-KIND EXPENDITURES N PERIOD	MADE THIS	+ \$	0.00			INDEDTEDNE	33		
13. DEBTS INCURRED THIS PE INCLUDING LOANS)	ERIOD (NOT	+\$	0.00		29	29. OUTSTANDING INDEBTEDNESS AT THE		\$ 0.00	
14. TOTAL ALL EXPENDITURE PERIOD (SUM 11A + 12A +		\$	2,165.92			BEGINNING OF THIS PERIOD	0.00		
15. TOTAL EXPENDITURES THE (SUM 10B + 14A)	HIS ELECTION			\$ 79,766.37	- 1	30. LOANS RECEIVED THIS PERIOD -		0 00	
CONTRIBUTIONS	S MADE	Α.	THIS PERIOD	B. THIS ELECTION		FOUR LEGEN TO HIM STROET	+\$	0.00	
16. TOTAL CONTRIBUTIONS M ELECTION PREVIOUSLY R				\$ 13,200.00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$	0 00	
17. ALL MONETARY CONTRIBI THIS PERIOD		\$	600.00			NEW DEBTS MAURRED THIS PERIOD	J	0.00	
18. ALL IN-KIND CONTRIBUTION PERIOD		+ \$	0.00		32	PAYMENTS MADE ON LOANS THIS	- \$	0 00	
19. TOTAL ALL CONTRIBUTION PERIOD (SUM 17A + 18A)	NS MADE THIS	\$	600.00			PERIOD	Ψ	0.00	
20. TOTAL ALL CONTRIBUTIO ELECTION (SUM 16B + 19A				\$ 13,800.00	33	CREDITS RECEIVED ON LOANS THIS	- \$	0 00	
OTHER DISBURSI	EMENTS	Α.	THIS PERIOD	B. THIS ELECTION		PERIOD		\$ 0.00	
21. FUNDS USED FOR REPAYI PERIOD		+ \$	0.00		34	PAYMENTS MADE THIS PERIOD ON	- \$	0.00	
22. PAYMENTS THIS PERIOD (REPORTED DEBTS INCURI	RED	+\$	0.00			DEBTS INCURRED IN PREVIOUS PERIOD		0.00	
23. ANY MISCELLANEOUS DIS NOT REPORTED ELSEWHE	ERE '	+ \$	0.00		35	TOTAL INDEBTEIDNESS AT THE CLOSE. OF THIS REPORTING PERIOD	S.	0.00	
24. TOTAL OTHER DISBURSEN PERIOD (SUM 21A + 22A +		\$	0.00			(SUM 29 + 30 + 31 - 32 - 33 - 34)	*	0.00	

CD SUMMARY



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY	

1. NAME OF COMMITTEE	2. REPORT DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	10/13/2005	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:		
ADDRESS:		\$
CITY / STATE: View Supplemental Form(s)		
EMPLOYER:	\$	MONETARY
COMMITTEE:	, p	☐ IN-KIND
NAME:		
ADDRESS:		1 \$
CITY / STATE:		
EMPLOYER:		MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		*
EMPLOYER:	4.5.555.0.555.0.0.64.44.64.44.44.44.44.44.44.44.44.44.44.	MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		L. S HENNE
ADDRESS:		\$
CITY / STATE:		*
	«•••••••••••••••••••••••••••••••••••••	MONETARY
EMPLOYER:	\$	
COMMITTEE:		IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:	*******************************	
EMPLOYER:	1 \$	MONETARY
L_I COMMITTEE:	<u> </u>	IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 5,000.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 5,000.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 5,000.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORI	A CD1A	\$ 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS	The state of the s	\$ 0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS	***************************************	\$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	3 \$100 OR LESS	\$ 0.00
C. LOANS RECEIVED	16. DATE	17. AMOUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD-1B)
NAME:		ATTACIT CO-10)
ADDRESS:	}	
CITY/STATE:		\$
NAME;		1
ADDRESS:	}	1
CITY / STATE:		\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		10
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		h
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00
		\$ 0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 5,000.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AL	DURESS (SUM 9, 13 & 20)	\$ 5,000.00 FORM CD1



OFF	CEL	SE O	űĽΥ	
				í

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE

10/13/2005

INSTRUCTIONS	\$. (Company)				
(Contributions R	purpose of the Contributions Received supplement is to provide a printed eceived). This form should be used as additional space for reporting persibutions. This form may be reproduced as needed.				
Total all itemized Form CD-1.	contributions at the bottom of the page and carry to item 7 (Subtotal: Iter	nized Cont	tributions From	Any Attach	ned Pages) on
If further informa	tion is needed concerning reporting itemized expenditures, see Form CD-	l Instructio	ons.		
	RIBUTIONS RECEIVED	4. CIATE	RECEIVED	5. AMOU	INT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	AGG	REGATE TO	,	K IF MONETARY OR IN-KIND)
NAME:		T			
ADDRESS:	Realtors Political Action Committee-Missouri Post Office Box 30635	9/	19/2005	\$	300.00
CITY / STATE:	Columbia, Missouri 65205	i .			MONETARY
EMPLOYER: COMMITTEE:		\$	0	1 ====	MONETARY IN-KIND
NAME:		 			NA LOLLED
ADDRESS: CITY / STATE:	Missouri Association of Insurance Agents Post Office Box 1785	9/	19/2005	\$	300.00
EMPLOYER:	Jefferson City, Missouri 65102	ф.	^		MONETARY
Z COMMITTEE:		\$	0		IN-KIND
NAME:		T			
ADDRESS:	Healthlink Post Office Box 5035	ره ا	21/2005	\$	300.00
CITY / STATE:	Thousand Oaks, California 91359		£1/2003		
EMPLOYER:	Indusand dans, Carriothia 91559	\$	0	====	MONETARY
COMMITTEE:		 			IN-KIND
ADDRESS:	Missouri Beer Wholesalers Association			\$	200 00
CITY / STATE:	11116 South Towne Square	9/	26/2005	Φ	200.00
EMPLOYER:	St. Louis, Missouri 63123	1 .	18441444444444444444444444444444444444	177	MONETARY
Z COMMITTEE:		\$	0	. =	IN-KIND
NAME:		 			
ADDRESS:	AMECPAC 2722 East McCarty	i		\$	200.00
CITY / STATE:	Post Office Box 1645	5/	26/2005		200700
EMPLOYER:	Jefferson City, Missouri 65101	\$	^	Z	MONETARY
Z COMMITTEE:		J 3	0		IN-KIND
NAME:	Manager Valley Notes and A				
ADDRESS:	Teamsters Local Union #688 PAC Account 300 South Grand Boulevard	9/	27/2005	\$	300.00
CITY / STATE:	St. Louis, Missouri 63103				
EMPLOYER: COMMITTEE:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0		MONETARY
		<u> </u>		<u> </u>	IN-KIND
NAME: ADDRESS:	Citizens for Progressive Education			\$	
CITY / STATE:	101 East High Street	8/	15/2005	\$	300.00
EMPLOYER:	Jefferson City, Missouri 65101	***********	*********************	177	MONETARY
Z COMMITTEE:		\$	0	. ==	IN-KIND
NAME:	**************************************	 	·.	 	
ADDRESS:	Dealers Interested In Government		20/2005	\$	300.00
CITY / STATE:	Post Office Box 245	1	29/2005	1	
EMPLOYER:	Jefferson City, Missouri 65102	\$	0		MONETARY
COMMITTEE:		<u> </u>	· · · · · · · · · · · · · · · · · · ·		IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS			<u> </u>	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	ED PARIE	S" ON FORM OF	 }-5}	
100000				• 17	



OF	Ж.	Æι	烂匠	C	NE)	6	80.0		38 S
								\cdots	
					00000		•••••	****	
100000000000000000000000000000000000000		200							
					2000			•••••	
100				5. O			0.00	***	
0.000	co.co	600.0		2000					
		00000			· · · · · ·		90.0	****	
		100 H				6000			
2000000							65.0	0.000	
				2011		****			

V	٩м	Ε	OF	COM	Mi	т	ΕE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE 10/13/2005

ļľ	INSTRUCTIONS					
	PURPOSE: The purpose of the Contribu	itions Received supplemen	nt is to provide a printe	d outline for attaching	additional pages	to Form CD1
	(Contributions Received). This form she	ould be used as additional:	space for reporting per	rsons contributing mor	e than \$100 and f	or
	committee contributions. This form ma	y be reproduced as needed	f.			

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

_					
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOU	NT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		00017070	(CHEC	K IF MONETARY
	O TO A COMMITTEE.	AGG	REGATE TO	1 '	R IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	- 	UATE		
NAME:	Missouri Association of Municipal Utilities				250.00
ADDRESS:	2407 West Ash	9,	/2/2005	\$	250.00
CITY / STATE:	Columbia, Missouri			,,	
EMPLOYER:		1 1	0	1	MONETARY
COMMITTEE:					IN-KIND
NAME:					
ADDRESS:	The Missouri Gaming Company	9,	/8/2005	\$	300.00
CITY / STATE:	777 NW Argosy Parkway Riverside, Missouri 64150	1 '	,		
EMPLOYER:	Riverside, Missouri 64150	1 :5	0		MONETARY
COMMITTEE:		<u> </u>			IN-KIND
NAME:					200 00
ADDRESS:	Nancy Grove		/9/2005	\$	300.00
CITY / STATE:	7 Sunnymeade Drive St. Louis, Missouri 63124	100000000			
EMPLOYER:	St. Louis, Missouri 63124	\$	0	. ==	MONETARY
COMMITTEE:				<u> </u>	IN-KIND
NAME:					
ADDRESS:	Gallop, Johnson and Neuman	/ م	13/2005	\$	300.00
CITY/STATE:	101 South Hanley	1 '			
EMPLOYER:	Clayton, Missouri 63105	\$	0		MONETARY
COMMITTEE:		1 "			IN-KIND
NAME:	Wallah Cara I and markin Caracitata Caraci	1			
ADDRESS:	Health Care Leadership Committee State Account 11648 Gravois Road, Suite 235		/ 0 0 0 0	\$	150.00
CITY / STATE:	St. Louis, Missouri 63126	9/	14/2005		
EMPLOYER:	, , , , , , , , , , , , , , , , , ,	S	0		MONETARY
COMMITTEE:		4,			IN-KIND
NAME:			·		
ADDRESS:	CashAmerica	1 2/	15/2005	\$	300.00
CITY / STATE:	1600 West 7th Street	1	13/2003		
EMPLOYER:	Fort Worth, Texas 76102	\$		Z	MONETARY
COMMITTEE:		Ψ	0		IN-KIND
NAME:		T			
ADDRESS:	Johnston and Associates, Inc.	Ì.		\$	300.00
CITY / STATE:	904 West Main, Suite 100	9/	28/2005		
EMPLOYER:	Jefferson City, Missouri 65109	\$	0	Z	MONETARY
COMMITTEE:		Φ	U		IN-KIND
NAME:		T			
ADDRESS:	Missouri Petroleum Marketers (MCPA) PAC	ر م	20/2005	\$	300.00
CITY / STATE:	205 East Capitol Avenue, Suite 200	1	29/2005		
EMPLOYER:	Jefferson City, Missouri 65101	1 .		Z	MONETARY
COMMITTEE:		\$	0		IN-KIND
TOTAL : ITEMIZE	D CONTRIBUTIONS				
TOTAL TEMPLE				<u> </u>	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	IED PAGES	S" ON FORM CD	-1)	

FORM CD-1 SUPPLEMENTAL



CERT	TE USE	ONLY	alogical designation of the second se	2005
Y	بالهومة خاب	600 t 54 t 20		
	***********	*******	**********	
		000000000000	000000000000000000000000000000000000000	
	40.00000			30
		0.00	4.0000.0000.000.0	
				33.3
100000000000000000000000000000000000000				3000
2000000		300000000000000000000000000000000000000		

NAME OF COMMITT	EE	DATE.			
ZWEIFEL FOR STATE REPRESENTATIVE 1.0/13/2005					
INSTRUCTIONS		Mark I a	V. T. S.		
	ourpose of the Contributions Received supplement is to provide a printe				Form CD1
	eceived). This form should be used as additional space for reporting per	sons contri	ibuting more tha	in \$100 and for	
	butions. This form may be reproduced as needed.				
Total all itemized Form CD-1.	contributions at the bottom of the page and carry to item 7 (Subtotal: It	emized Gon	tributions From	Any Attached F	³ ages) on
If further informat	tion is needed concerning reporting itemized expenditures, see Form CC)-1 Instructi	ons.		
A. ITEMIZED CONTI	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOUNT I	RECEIVED
t .	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			ICHECK IF	MONETARY
	O TO A COMMITTEE.	FNGC	DATE	,	-KIND)
NAME:	AND OCCUPATION (LIST COMMITTEES FIRST)		DATE		
ADDRESS:	Michael Woodard			\$	300.00
CITY / STATE:	170 Woodcliffe Place Drive	Э/	30/2005	*	
EMPLOYER:	Chesterfield, Missouri 63005			✓ MO	NETARY
COMMITTEE:		\$	0	IN-F	KIND
NAME:					
ADDRESS:	TJW Management, Inc.	ر در	30/2005	\$	300.00
CITY / STATE:	1501 Charbonier Road		30/2003	1	ĺ
EMPLOYER:	Florissant, Missouri 63031	1 \$	0	1 ===	NETARY
COMMITTEE:			<u>-</u>	IN-K	KIND
NAME:		1		•	+
ADDRESS: CITY/STATE:				\$	
EMPLOYER:			*******************	☐ MO	NETARY
COMMITTEE:		\$		==	KIND
NAME:	The state of the s			1141	<u> </u>
ADDRESS:		İ		\$	ĺ
CITY / STATE:				· ·	}
EMPLOYER:		. \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MO!	NETARY
COMMITTEE:		Ψ		☐ IN-K	OND
NAME:					·
ADDRESS:		-		\$	
CITY / STATE: EMPLOYER:		********			METADY
EMPLOYER:		\$. =	NETARY (IND
NAME:					AND
ADDRESS:				\$	
CITY/STATE:					
EMPLOYER:			. <	□ MO!	NETARY
COMMITTEE:		\$		☐ IN-K	KIND
NAME:					
ADDRESS:				\$	
CITY / STATE:		***********		l	
EMPLOYER:		 \$		· =	NETARY
COMMITTEE:				LIN-K	UND
NAME: ADDRESS:				•	ļ
CITY / STATE:		1		\$	ļ
EMPLOYER:				I □ MOI	NETARY
СОММПТЕЕ:		\$		IN-K	
TOTAL: ITEMIZED	CONTRIBUTIONS			 	
(CARRY 1	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGE	S" ON FORM C	<i>)</i> -1)	1



MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

4. 44.55844				100	(1)	
1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE 2.			2. REPORT DATE 10/13/2005			
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY						
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)					4. AMOUNT PAID OR	
3. CATEGORY OF EXPENDITURE					INCURRE	D THIS PERIOD
	View Supplemental Form(s)			\$		
				\$		
5 SUBTOTAL:	NON-ITEMIZED EXPENDITURES THIS PAGE (SUM CO	DI LIMNI 4)		- \$		0.00
	NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGE				\$	180.58
	-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6			- 15		180.58
AND ALL	D EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (I P.ª.YMENT WAS TO CAMP:AIGN WORKER, A:GGREGATE PAIL	F O A SHOW 1		NT THIS PERIOD
NAME: ADDRESS:	Cingular Wireless Post Office Box 65055 Dallas, Texas 75265	7/6/2005	Phones	\$	Z PAID	
CITY/STATE:	Dallas, Texas /3203		<u> \$ </u>	.00 [INCU	IRRED
ADDRESS:	Cingular Wireless Post Office Box 65055 Dallas, Texas 75265	8/24/2005	Phones 0	.00	Z PAID	128.15
NAME: I	Mary Rademan 3322 Frog Hollow Lane	9/19/2005	Software/Scho		Z PAID	
CITY/STATE: '	Jefferson City, Missouri 65109		\$ 0	.00 [INCU	RRED
ADDRESS:	Gregg Christian 3000 Eads St. Louis, Missouri 63104	9/22/2005	Campaign Con	[]	Z PAID	
CITT/STATE.	36. Idaid, 11288841 83.441		\$ 0	.00	INCU	IRRED
NAME: ADDRESS:				1	PAID	
CITY / STATE:			s			RRED
	THIS PAGE (SUM COLUMN 11)	L		\$		1,985.34
	ANY ATTACHED PAGES				- \$	0.00
14. TOTAL: ITEI	MIZED EXPENDITURES THIS PERIOD (SUM 12 +13)		· · · · · · · · · · · · · · · · · · ·	\$		1,985.34
15. TOTAL: MOI	NETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)	·····	T-11-11 -1- # -11/2	\$		2,165.92
16. AMOUNT OF	LINE 15 WHICH WAS PAID OUT THIS PERIOD	<u> </u>		\$		2,165.92
17. AMOUNT OF	LINE 15 WHICH WAS DEBT INCURRED THIS PERIO	D		\$,	0.00
	EE MADE ANY IN-KIND EXPENDITURES THIS PERIO			\$		0.00
	D FOR REPAYING LOANS THIS PERIOD (ATTACH FO	•		\$	<u> </u>	0.00
	ARY CONTRIBUTIONS MADE (REGARDLES ADDRESS OF CANDIDATE OR COMMITTEE	SS OF AMOUNT)	21. DATE		22.	AMOUNT
ADDRESS: 9:	ocal 682 PAC 14 Virgo Lane t. Louis, Missouri 63125		9/21/2005			150.00
				\$	1	
ADDRESS: 4	riends of Bogetto 17 Gill Avenue irkwood, Missouri 63122		9/29/2005	\$;	300.00
NAME: F	riends of Bob Lowery 30 rue St. Ferdinand lorissant, MO 63031		10/29/2005	\$		150.00
	THIS PAGE (SUM COLUMN 22)			š		600.00
	ANY ATTACHED PAGES	······································	 		\$	0.00
25. TOTAL: MOI	NETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	23 + 24)		\$		600.00
	EE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$		0.00
	MONETARY CONTRIBUTIONS AND LOANS MADE TH		5)	\$		600.00
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT						0.00

FORM CD3



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

DECIME!	USE ONL	4 1.000 (1980 (1
		6

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/13/200	3/2005		
EXPENDITURES OF \$100 OR LESS BY CATEGORY	10/13/200			
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP	3)	AMOUNT PAID OR INCURRED THIS PERIOD		
CATEGORY OF EXPENDITURE	-			
Union Planters BankBanking Fee		\$ 9.95		
Union Planters BankBanking Fee		\$ 9.95		
Union Planters BankBanking Fee		\$ 9.95		
SBCPhones		\$ 70.73		
SBCPhones		\$ 80.00		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
	•	\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
TOTAL: ITEMIZED EXPENDITURES THIS PAGE				
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$		

FORM CD 3 SUP A



Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1/14/2006	

1. DATE OF REPORT OFFICE USE ONLY

	C01040	2	1	/14/2006	
	NO				
INSTRUCTIONS ON REVERSE SIDE			<u></u>		
2. FULL NAME OF COMMITTEE					
ZWEIFEL FOR STATE REPRESENTATIVE					
3. COMMITTEE MAILING ADDRESS	•		4. COMMIT	TEE TELEPHONE NU	JMBER
1960 ACORN TRAIL DRIVE					
CITY / STATE / ZIP			(314	4) 972-1990	
FLORISSANT MO 63031					
5. TREASURER'S NAME					
JANICE SMITH					
6. TREASURER'S MAILING ADDRESS			7. TREASUR	RER'S TELEPHONE	NUMBER
1960 ACORN TRAIL DRIVE			HOME (31	4) 972-1990	
CITY / STATE / ZIP		 	MODE: [31/	4) 731~3969	
FLORISSANT MO 63031			VVORK. (31-	4) /31-3909	
8. DEPUTY TREASURER'S NAME CHECK IF NO	DEPUTY TRE	ASURER		***************************************	
9. DEPUTY TREASURER'S MAILING ADDRESS			10. DEPUTY	TREASURER'S TEL	EPHONE NUMBER
			HOME.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		{		
			WORK:		
11. DATE OF ELECTION	12. TYPE OF	ELECTION (CHECK	(ONE)		<u> </u>
11/9/2006		O PRIMARY	() GE	NERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT	<u> </u>				· · · · · · · · · · · · · · · · · · ·
FROM 10/1/2005		THROUGH 12/31/3	2005		
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S	,	15. TYPE OF REPOR	RT		
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDI\ POLITICAL PARTY	VISION AND	15 DAYS AFTE	ER CAUCUS	NOMINATION	
		COMMITTEE	OUARTERI Y	REPORT	
CLINT ZWEIFEL			n 15		Oct 15
1960 ACORN TRAIL FLORISSANT MO 63031		8 DAYS BEFO	RE		
(314) 972-1990		30 DAYS AFTE	ER ELECTIO	N .	
STATE REPRESENTATIVE DISTRICT 78		TERMINATION	N (ATTACH	FORM CO-3)	
•		SEMIANNUAL	DEBT REPO	RT	
		Ja:	ກ 15 🔲 .	Jul 15	
		ANNUAL SUP	PLEMENTAL.	, JAN 15	
		15 DAYS AFTE	ER PETITIO	N DEADLINE	
CHECK IF INCUMBENT		OTHER			
		AMENDING PE	REVIOUS RE	PORT DATED	
REPUBLICAN DEMOCRAT				********	20
16. COMMITTEE TREASURER'S SIGNATURE		17 CANDIDATES S	CNATURE (CANDIDATE COMM	,
		17. CANDIDATE'S SI			
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS PAGE AND ALL ATTACHED FORMS, IS COMPLETE, THE ACCURATE.				RT, COMPRISED OF ORMS, IS COMPLET	
ELECTRONICALLY FILED Jan 15 2006 2:19PM		ELECTRONE	CALLY FILE	ED Jan 15 2006 2	2:19PM
TREASURER'S SIGNATURE		i	E'S SIGNATU		
		22,1010/11		· · · -	



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

1/14/200

OFFICE USE ONLY

		<u> </u>	<u></u>	<u> </u>	
RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT (
TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 5,105.00	BEGINNING AND ENDING FINANCIAL CONDITION		
ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 30,110.00		MONEY ON HAND		
3. ALL LOANS RECEIVED THIS PERIOD	+\$ 0.00		MONET ON HAND		
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEFOSITORY, CASH, SAVINGS		
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 30,110.00		ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 9,885.24	
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0.00		26. MONETARY F!ECEIPTS THIS PERIOD	+\$30,110.00	
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 30,110.00		(FROM ITEM 5)	Ψ 30,110.00	
 FUNDS USED FOR REPAYING LOANS THIS PÉRIOD 	-\$ 0.00		^{27.} MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 7,948.45	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 35,215.00	a) Disbursements By Check \$ 2.946.45 b) Disbursements By Cash \$ 6.66	<i>• 7,5</i> 40.45	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 32,046.79	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 8,638.17	(SUM 25 + 26 - 27)	32,040.79	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 5,948.45		INDEBTEDNESS		
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0.00				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE		
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 5,948.45		BEGINNING CF: THIS PERIOD	\$ 0.00	
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 14,586.62	30. LOANS RECEIVED THIS PERIOD	+\$ 0 00	
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	EGANOREGE VEB INIO PERIOD	+\$ 0.00	
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 7,500.00	31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00	
	\$ 2,000.00		NEW DEBTS MOURRED THIS PERIOD	+\$ 0.00	
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0.00		32. PAYMENTS MADE ON LOANS THIS	-\$ 0.00	
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 2,000.00		PERIOD	-\$ 0.00	
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 9,500.00	33. CREDITS RECEIVED ON LOANS THIS	-\$ 0.00	
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION	PERIOD	-\$ 0.00	
	+\$ 0.00		34. PAYMENTS MADE THIS PERIOD ON	-\$ 0.00	
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0.00		DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0.00	
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0.00		35. TOTAL INDEBITEDNESS AT THE CLOSE OF THIS REPORTING PERIOD	s 0 00	
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00		(SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00	

CD SUMMARY



	energy and the second	
IOFFICE 1	SE ONLY	
100000000000000000000000000000000000000		
LECTRON 100 100 100 100 100 100 100 100 100 10		
E3300000000000000000000000000000000000		
P00 0000000000000000000000000000000000		
F0000000000000000000000000000000000000		

1 484(199-17)	
AME OF COMMITTEE	DATE
ZWEIFEL FOR STATE REPRESENTATIVE	1/14/2006

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.

				1	
ł	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOU	INT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	- AGC	GREGATE TO	(CHEC	K IF MONETARY
	O TO A COMMITTEE.		DATE	0	R IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)		DATE	- 	
	HPAC Missouri	ļ			200.00
ADDRESS:	2700 Sanders Road	12.	/12/2005	\$	200.00
CITY / STATE:	Prospect Heights, Illinois 60070	1	, , ,		
EMPLOYER:	Tropped Hargman, Additional Cooks	\$	0	I 3===	MONETARY
COMMITTEE:					IN-KIND
NAME:					
ADDRESS:	Heat and Frost Insulators and Asbestos Workers 1	1 12	/12/2005	\$	300.00
CITY / STATE:	3325 Hollenberg Bridgeton, Missouri 63044	1	/ 12/2002	1	
EMPLOYER:	Bildgeton, Missouri 63044	\$			MONETARY
COMMITTEE:		4)	0		IN-KIND
NAME:					
ADDRESS:	CHIPP	1		\ \$	300.00
CITY / STATE:	1401 Hampton		/12/2005	ľ	
EMPLOYER:	St. Louis, Missouri 63139	_	90100014441411410044 1 110041		MONETARY
COMMITTEE:		\$	0	1	IN-KIND
NAME:			· · · · · · · · · · · · · · · · · · ·		
ADDRESS:	CWA District 6 PAC	i		\$	150.00
CITY / STATE:	10820 Sunset Office Drive	12/	/12/2005	Ι Ψ	130.00
EMPLOYER:	St. Louis, Missouri 63127	1541041158564	***********	1	MONETARY
COMMITTEE:	·	\$	0	1 9	IN-KIND
NAME:					IN-MIND
	Missouri Association of Muncipal Utilities	i			
ADDRESS:	2407 West Ash	1 - 2.	/12/2005	\$	50.00
CITY / STATE:	Columbia, Missouri 65203				
EMPLOYER:	,	\$	0	· •	MONETARY
COMMITTEE:				<u> </u>	IN-KIND
NAME:	MDA Harrison Borgion DAG				
ADDRESS:	MBA Truman Region PAC 207 East Capitol Avenue	1 , ,	/20/2005	\$	300.00
CITY / STATE:	Jefferson City, Missouri 65101	1.2/	72072003		
EMPLOYER:	Serierson City, Missburr 65101	\$	0	\[Z]	MONETARY
COMMITTEE:					IN-KIND
NAME:		T		1	
ADDRESS:	MBA River Heritage Region PAC	1		S	300.00
CITY / STATE:	207 East Capitol Avenue	1.2/	/20/2005		
EMPLOYER:	Jefferson City, Missouri 65101				MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:			1 1	 	
ADDRESS:	MBA Gateway Region PAC			\$	300.00
CITY / STATE:	207 East Capitol Avenue		/20/2005		
EMPLOYER:	Jefferson City, Missouri 65101	1		[27]	MONETARY
Z COMMITTEE:		\$	0		IN-KIND
TOTAL: HEMIZE	D CONTRIBUTIONS				
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGE!	S" ON FORM CI)-1)	



MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

DAITE

NAME OF COMMITTEE 1/14/2006 ZWEIPEL FOR STATE REPRESENTATIVE

ZWEIFED FOR STATE REPRESENTATIVE			1,714,2006			
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID		
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	10/17/2005	Fundraising	0.00	1,400.00		
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	11/25/2005	Fundraising	0.00	1,400.00		
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	12/14/2005	Fundraising	0.00	1,400.00		
•••••						
		TO	TAI. ALL PAGES	4,200.00		

OFFICE USE ONLY



MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

DATE NAME OF COMMITTEE 1/14/2006 ZWEIFEL FOR STATE REPRESENTATIVE MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE **AMOUNT** NAME AND ADDRESS OF CANDIDATE OR COMMITTEE Missouri Progressive Vote NAME: ADDRESS: 5585 Pershing 12/14/2005 CITY/STATE: St. Louis, MO 63108 200.00 \$ McCaskill for Missouri NAME: ADDRESS: Post Office Box 6771 12/14/2005 1,000.00 CITY/STATE: St. Louis, Missouri 63144 \$ St. Louis Metro Dems NAME: 723 Bellflower 12/14/2005 ADDRESS: CITY/STATE: Hazelwood, Missouri 63042 200.00 Committee to Elect Michael Frame NAME: 416 Maple Hollow Trail 12/28/2005 ADDRESS: CITY/STATE: Eureka, Missouri 63025 300.00 Dake for 132nd NAME: ADDRESS: 1856 Lawrence 1135 12/28/2005 CITY/STATE: Miller, Missouri 65067 300.00 NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: \$ NAME: ADDRESS: CITY / STATE: \$ NAME: ADDRESS: CITY / STATE: \$ NAME: ADDRESS: CITY / STATE: \$ NAME: ADDRESS: CITY / STATE: \$ NAME: ADDRESS: CITY / STATE: \$ TOTAL: ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) \$

FORM CD 3 SUP C



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

3 E	CE USE	-07:50:50:50:50:50:50:50:50:50:50:50:50:50:	
Urri	ು೬ ಟರಿ ದ	CINCI	
200			
30.000			

NAME OF COM	IMITTEE		REPORT DATE	
ZWEIFEL FOR	STATE REPRESENTATIVE		1/14/2006	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PUREOSE - (IF PAYMENT WAS TO A CAMPAIGN MORKER, SHOW MOREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: CITY/STATE:	Russo's Catering 9904 Page Avenue St. Louis, Missouri 63132	12/14/2005	Town. Hall Meeti \$ 0.00	PAID 123.60 INCURRED
NAME: ADDRESS: CITY/STATE:	Gregg Christian 3000 Eads St. Louis, Missouri 63104	12/14/2005	Consulting 0.00	\$ 1,400.00 PAID 1,400.00
NAME: ADDRESS: CITY/STATE:	Dell Post Office 6403 Carol Stream, Illinois 60197 ,	12/28/2005	Ink Cartridges \$ 0.00	PAID 136.31 INCURRED
NAME: ADDRESS: CITY/STATE:	Effinger Printing 12703 Pennridge Drive Bridgeton, Missouri 63044	12/28/2005	Letterhead/Enve	\$ PAID 126.82
NAME: ADDRESS: CITY/STATE:	Cingular Wireless Post Office Box 65055 Dallas, Texas 75265	10/17/2005	Phone 0.00	PAID 256.00
NAME: ADDRESS: CITY/STATE:	SBC Post Office Box 6300747 Dallas, Texas 75263	10/17/2005	Phone \$ 0.00	PAID 300.00
NAME: ADDRESS: CITY/STATE:	Gregg Christian 3000 Eads St. Louis, Missouri 63194	10/17/2005	Consulting 0.00	PAID 1,400.00
NAME: ADDRESS: CITY/STATE:	Gregg Christian 3000 Eads St. Louis, Missouri 63104	11/25/2005	Consulting 0.00	\$ PAID 1,400.00 INCURRED
NAME: ADDRESS: CITY/STATE:	SBC Post Office Box 6300747 Dallas, Texas 75263	12/14/2005	Phone 0.00	PAID 200.00
NAME: ADDRESS: CITY / STATE:	Cingular Wireless Post Office Box 65055 Dallas, Texas 75265	12/14/2005	Phone	PAID 126.67
NAME: ADDRESS: CITY/STATE:	Effinger Printing 12703 Pennridge Drive Bridgeton, Missouri 63044	12/14/2005	Letterhead/Enve	PAID 122.56 INCURRED
NAME: ADDRESS: CITY / STATE:	Regions Bank 8182 Maryland Avenue Clayton, Missouri 63105	10/24/2005	Chargeback on B 0.00	\$ PAID 300.00
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY/STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY/STATE:	•		\$	\$ PAID INCURRED
	MIZED EXPENDITURES ALL OVER \$100 AND ALL RRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED P.			\$

FORM CD3 SUP B



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

OFFICE	E USE	ON	Y		***
880,000		20000	480.49		
		00000	1000		
		900			****
*********		80 888 80 888			80 XX
			- (C.)		
	0.000W	90.000		00 100 K	285 (A)

NAME OF COMMITTEE	DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	1/14/2006	
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP CATEGORY OF EXPENDITURE	В)	AMOUNT PAID OR INCURRED THIS PERIOD
Regions Bank-Internet Banking	5	9.95
Regions BankProcess Fee	5	6.00
Regions BankProcess Fee	5	6.00
Regions Bank-Internet Banking	Ş	9.95
Regions Bank-Service Charge	5	15.00
PayPalTransaction Fees	Ş	9.59
	9	\$
	9	\$
	9	5
	5	5
	3	5
	9	5
,	9	B
	\$	B
	4	B
	9	Б
	9	5
	9	β
	\$	5
	9	Б
	4	5
	9	<u> </u>
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	9	

FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

332	OFFICE:	HSE	ON	(V	1000	2000	888
	91 1994		7	1.700			•
	10.000	1000000				3300	
		00000000					233
						2002	
							A
	10000 1000 1000	60000000					
	100000000000000000000000000000000000000				****		***
	*********						****
					100000		
					10000		
							550.00
	100000150001600	0.000000	28.32			1000	455.00

			CONTRACTOR OF THE PROPERTY OF
1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 1./14/2006	
		1./14/2006	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOV	ın		4. AMOUNT PAID OR
3. CATEGORY OF EXPENDITURE	*1		INCURRED THIS PERIOD
View Supplemental Form(s)			\$
The state of the s			\$
E CURTOTAL NOM ITEMITED EXPENDITURES THIS DAGE (SUBLOCK)	ANI AV		
 SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLU! SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES 			
 SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) 			
		1(i). PURPOSE - (IF	\$ 56.49
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	9. DATE	PAYMENT WAS TO A CAMPAIGN WORKER, SHOW	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT		,AGGREGATE PAID)	Ф.
NAME:			\$
ADDRESS:		r.	PAID
CITY/STATE:		<u> \$</u>	INCURRED
NAME:			\$
ADDRESS: View Supplemental Form(s)			PAID
CITY / STATE:		\$	INCURRED
NAME:			 \$
ADDRESS:			PAID
CITY / STATE:	·	\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY/STATE:	·	\$	INCURRED
NAME:			5
ADDRESS:			PAID
CITY / STATE:		_ \$	INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 0.00
13. SUBTOTAL: ANY ATTACHED PAGES			+\$ 5,891.96
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)	 	——————————————————————————————————————	\$ 5,891.96
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 5,948.45
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 5,948.45
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0.00
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, L			\$ 0.00
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM			\$ 0.00
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS O	OF AMOUNT)	21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		Zi. UniL	ZZ. FIMOUITI
NAME:			
ADDRESS: View Supplemental Form(s)			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY/STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:	······	1	\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)	· · · · · · · · · · · · · · · · · · ·		\$ 0.00
24. SUBTOTAL: ANY ATTACHED PAGES	·····		+\$ 2,000.00
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23	+ 24)		\$ 2,000.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS F		6)	\$ 2,000.00
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, I	IST AMOUNT		\$ 0.00

FORM CD3



OFF	CE U	SEO	VLY :	

NAME OF COMMITT		DATE			
ZWEIFEL FOR ST	ATE REPRESENTATIVE	1/3	14/2006		
INSTRUCTIONS					
PURPOSE: The (Contributions R	purpose of the Contributions Received supplement is to provide a printed eceived). This form should be used as additional space for reporting per butions. This form may be reproduced as needed.				
Total all itemized Form CD-1.	contributions at the bottom of the page and carry to item 7 (Subtotal: Ite	mized Cont	tributions From	Any Attac	hed Pages) on
If further informa	tion is needed concerning reporting itemized expenditures, see Form CD	-1 Instructio	ons.		
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMO	UNT RECEIVED
FROM COMMITTE	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			ICHE	CK IF MONETARY
	O TO A COMMITTEE.	AGG	REGATE TO		OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)		DATE		· · · · · · · · · · · · · · · · · · ·
NAME:	Sprinkler Fitters Local 268, Political and Education Fund				200 00
ADDRESS:	1544 South 3rd	111	/15/2005	\$	300.00
CITY / STATE:	St. Louis, Missouri 63104				AACHETA DV
EMPLOYER:		\$	0		MONETARY
COMMITTEE:				 	IN-KIND
NAME:	Tomos Conney	1		_	
ADDRESS:	James Cooper 808 Bricken Place	1.1,	/15/2005	\$	300.00
CITY / STATE:	St. Louis, Missouri 63122	1041111111111			
EMPLOYER:	De. Modes, Middelli OJIZZ	\$	0	Y	MONETARY
COMMITTEE:			·	 	IN-KIND
NAME:	Howell Chiropractic Health Center			_	150.00
ADDRESS: CITY / STATE:	490 Howdershell Road	1 10	/3/2005	\$	150.00
EMPLOYER:	Florissant, Missouri 63031	111111111111111111111111111111111111111	***************************************		MONETARY
	•	\$	0] 😕	IN-KIND
NAME:					IN-KIND
ADDRESS:	Credit Union PAC	ŀ		\$	150.00
OTY / STATE:	2055 Craigshire Drive	1.0	/3/2005	Ψ .	150.00
EMPLOYER:	St. Louis, Missouri 63146	100,000,000,000	E1171 1991111941119411194111419999		MONETARY
COMMITTEE:		\$	0	144	IN-KIND
IAME:				╫	IN-KIND
DDRESS:				\$	
ITY / STATE:				Ψ	
MPLOYER:		*********	******************		MONETARY
COMMITTEE:		\$			IN-KIND
IAME:			· · · · · · · · · · · · · · · · · · ·	 	TIT KING
DDRESS:				\$	
ITY / STATE:				*	
MPLOYER:		1 .	***************************************		MONETARY
COMMITTEE:		\$			IN-KIND
IAME:	1411414141414141414141414141414141414141				
DDRESS:		1		\$	
ITY / STATE:				T	
MPLOYER:		A.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MONETARY
COMMITTEE:		\$			IN-KIND
AME:	#			1	
DDRESS:		1		\$	
ITY / STATE:		1		1	
MPLOYER:		,	**************************************		MONETARY
COMMITTEE:		\$			IN-KIND
TOTAL: ITEMIZE	CONTRIBUTIONS		T		
				<u> </u>	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES	S" ON FORM CE)-1)	



																																																	_						
ī	٥	ī	f	Ľ	ì	ř	7	۹	ì	•	Š	i		h	Ė	ì	ì		č	8	ì		٠	ď	k	ì	Ĥ	ľ	ì	ì	ŕ	8	è	:	Ş	S	3	ì	ì	ì	ě	ĕ	Ţ	Š	S	8	S	3	ř	3	3	ě	Š	ě	
á	۳	×	Ž.	٠	ď	r	,	Z	۲	S	í	١	۲		٠	ı	,	i	ż	١	S	۱	1	Ų	ţ	3	8	٠	Š	١	į	Ž	Ċ		٠	š	ŝ		۱	١	Š	۶	ŧ	S	٥	è	k	í	8	ì	١	8	ŧ,	8	
۹	х		÷	×	×	۶	٥	٥	۶	۶	٥	١	×	٤	è	۱	į	١	Š	١	Š	١	١	ö	è	٠	٤	١		9	١	ĕ	١	'n		è	٦	ì	٩	۱	٤	٥	١	í	۶	١	ò	ì	9	3	Š	ŝ	8	8	
3	٥		ċ	Š	i	ı	Š	3	ŝ	ś	٠	į	Ċ	:	Ċ	ı	١	Š	١	ì	8	ı	í	ĕ	ì	3	8	ı	è	į	í	ĕ	ì			ì	ì	ì	١	3	8	8	ŝ	ŝ	Š	ì	ì	š	ī	ì	Š	ŝ	١	ò	
8			ì	N	×	٤	8	8	٤		9	١	ĕ	٤	Š	8	8	١	٤	ì	٥	١	١	ø		3	8	١			١		٤				ò	ì	8	١	ı	8	٤		٤	ĕ	Š	k		3	S	3	٥	١	
3	×		ŝ	×	×	í	8	8	8		ē	į	k		ì	8,	ė	8	:			١	ŝ	ĕ	Š	ì	8	8	8	ì	i	ŝ	;	í	3	9	Š	ì	ì	ŝ	١	ŝ	٤	9	ě	8		è		í	Š	9		í	
8	×	×	ì		٤	٤	8		8	8	8	١	ì	À	Š	8	ì		٤			ě	١	Š	۶	۶	8		8	١	8	١	٤	ð	X	Š	ì	ì	0	3	S	S	8	8	٤	٤	ź	٥		3	٤	٤	Š	Ġ	
3	8		ċ	Š	Ž	ě	8	S	è	ě	ì	ì	Š		1	8	٤	ì	•	ì		١	ě	è	S	ŝ	ŝ		8	١	S	ì		Š	3	8		Š	S	٤	S	8	۹	ı	٠	è	í	ċ		8	٤	٤	ě	ŝ	
×			ĕ	8	8	ć	X	Š	Š	8	٠	ì	8	8	ě	Ì,	Ś	Š	3	8	ì	١	ì	š	6	٤	×	3	Š	ì	ì	è	٤	8	8	8	8	١	ı	ŝ	8	×	ķ	٥	S	S	ò	è	ŧ,	ò	Ġ	١	Š		
ě	8	8	8	٤	8	٩	í	ĕ	ŝ	Ġ	٥	Ì	3	8	٤	ľ	:	١	é	ŝ	ı	١	ì	Š		ς	٥	۰	ĭ	ì	ò	8	۶			8	١	١	۶	8	0	è	٤		۹	۹	8	8	١	ì	3	8	١	÷	

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL	
NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
PURPOSE: The purpose of the Contributions Received supplement is to provide a print (Contributions Received). This form should be used as additional space for reporting procommittee contributions. This form may be reproduced as needed.	ted outline for attaching additional pages to Form CD1
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Form CD-1.	Itemized Contributions From Any Attached Pages) on

If further informat	ation is needed concerning reporting itemized expenditures, see Form CD-	-1 Instructions.	
FROM COMMITTE MORE THAN \$100	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CITY / STATE: EMPLOYER:	KCPL Power PAC Missouri 1201 Walnut Street Kansas City, Missouri 64141	1.0/27/2005	\$ 300.00
COMMITTEE:		\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	Committee for Political Action of MO Certified CPA Post Office Box 4199042 St. Louis, Missouri 63141	1.0/29/2005	\$ 300.00
EMPLOYER: COMMITTEE:	St. Dours, missour dara	\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	Political Action Committee MO State Chiropractors 220 East Dunklin Street Jefferson City, Missouri 65101	1.1/15/2005	\$ 300.00
EMPLOYER: COMMITTEE:		\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	Branch 343 National Association of Letter Carriers 2225 Blendon St. Louis, Missouri 63143	11/15/2005	\$ 100.00
EMPLOYER: COMMITTEE:		\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Apollo Group, Inc. 4615 E. Elwood Phoenix, Arizona 85040	11/15/2005 \$ 0	\$ 250.00 MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE:	General Motors Poltical Action Committee 1660 L Street, NW Suite 400 Washington, DC 20036	11/15/2005 \$ 0	\$ 300.00 MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE:	MPTA PAC 1330 YMCA Drive, Suite 1200 Festus, Missouri 63028	11/15/2005 \$ 0	\$ 250.00 MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER:	SEIU Missouri State Council 5585 Pershing Avenue, Suite 170 St. Louis, Missouri 63139	11/15/2005 \$ 0	\$ 300.00
TOTAL: ITEMIZE	D CONTRIBUTIONS		IN-KIND

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

FORM CD-1 SUPPLEMENTAL



100 MAY	200	THE PART	200 (1000)	understands bedoedd
OFF	UL U	IL LAV	M	
\$8.88				

NAME	OF	COM	IMIT	TFF

DATE 1/14/2006

ZWEIFEL FOR ST	ATE REPRESENTATIVE	1/14/2006	
(Contributions R	purpose of the Contributions Received supplement is to provide a printed Received). This form should be used as additional space for reporting pentibutions. This form may be reproduced as needed.		
Total all itemized Form CD-1.	d contributions at the bottom of the page and carry to item 7 (Subtotal: Ite	emized Contributions From	Any Attached Pages) on
If further informa	ation is needed concerning reporting itemized expenditures, see Form CD	-1 Instructions.	
A. ITEMIZED CONT	TRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$16	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING DO TO A COMMITTEE. IS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME:		**************************************	
ADDRESS: CITY/STATE:	MO Optometric PAC 100 East High Street	1.0/14/2005	\$ 200.00
EMPLOYER: COMMITTEE:	Jefferson City, Missouri 65101	\$ 0	MONETARY IN-KIND
NAME:			
ADDRESS: CITY/STATE:	Ameren UE PAC PO Box 780	1.0/15/2005	\$ 300.00
EMPLOYER: COMMITTEE:	Jefferson City, Missouri 65102	\$ 0	MONETARY IN-KIND
NAME:			
ADDRESS: CITY/STATE:	Missouri Medical Political Action Committee PO Box 402	1.0/22/2005	\$ 300.00
EMPLOYER: COMMITTEE:	Jefferson City, Missouri 65102	\$ 0	MONETARY IN-KIND
NAME: ADDRESS:	MO Cable PAC 4700 Little Blue Parkway	10/22/2005	\$ 300.00
CITY / STATE: EMPLOYER: COMMITTEE:	Independence, Missouri 64057	\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE:	Missouri Association of Nurse Anesthetists 205 E CAPITOL AVENUE SUITE 100 JEFFERSON CITY MO 65101	10/27/2005 \$ 0	\$ 300.00 MONETARY IN-KIND
NAME:			רוואס וא-אווים
ADDRESS: CITY/STATE:	Express Scripts 13900 Riverport Drive Maryland Heights Misseyni 63043	10/27/2005	\$ 300.00
EMPLOYER: COMMITTEE:	Maryland Heights, Missouri 63043	\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE:	Blue Cross Blue Shield of Kansas City One Pershing Square, 2301 Main	10/27/2005	\$ 300.00
EMPLOYER: COMMITTEE:	Kansas City, Missouri 64108	\$ 0	MONETARY IN-KIND
NAME:	Voith Daniels		
ADDRESS: CITY/STATE:	Keith Burdick 742 West 99th Street	10/27/2005	\$ 300.00
EMDLOVED.	Jenks, Oklahoma 74037	***************************************	T MONETARY

TOTAL: ITEMIZED CONTRIBUTIONS

EMPLOYER:

COMMITTEE:

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

MONETARY

] IN-KIND

0



MISSOURI ETHICS COMMISSION

OFFICE	INFONIY	

	CONTRIBUTIONS RECEIVED - SUPPLEMENTAL				
NAME OF COMMIT	TEE ate representative	DATE 1/1	4/2006		
				in a serie	
(Contributions R committee contr	purpose of the Contributions Received supplement is to provide a printe Received). This form should be used as additional space for reporting peributions. This form may be reproduced as needed.	ersons contrit	outing more tha	an \$100 and	for
Form CD-1.	d contributions at the bottom of the page and carry to item 7 (Subtotal: I			Any Attach	ed Pages) on
	ation is needed concerning reporting itemized expenditures, see Form C		RECEIVED	IS ANOT	INT RECEIVED
FROM COMMITT MORE THAN \$10	THE TIONS RECEIVED THE AMOUNT, OR FROM PERSONS GIVING TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)		REGATE TO DATE	(CHEC	K IF MONETARY OR IN-KIND)
ADDRESS: CITY / STATE:	Teamsters Local 610 PAC Fund 11472 Schenk Drive Maryland Heights, Missouri 63043		/30/2005	\$	300.00
EMPLOYER: COMMITTEE: NAME:		\$	0		MONETARY IN-KIND
ADDRESS: CITY/STATE:	Charter Communications 12405 Powerscourt Drive	12/	/30/2005	\$	300.00
EMPLOYER: COMMITTEE:	St. Louis, Missouri 63131	S	0		MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	PFEM PAC 6100 Madison Avenue St. Louis, Missouri 63134	12/	/30/2005	\$	300.00
EMPLOYER: COMMITTEE:		\$	0		MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	Plumbers and Pipefitters Fund 12385 Larimore Road St. Louis, Missouri 63138	· ·	/30/2005	\$	300.00
EMPLOYER: COMMITTEE:	•	\$	0		MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE:	Bank of America 800 Market Street St. Louis, Missouri 63101	10/	14/2005	\$	300.00
EMPLOYER: COMMITTEE: NAME:	The state of the s	\$	0		MONETARY IN-KIND
ADDRESS: CITY / STATE:	Boeing Post Office Box 399 Seattle, Washington 98124	10/	14/2005	\$	200.00
EMPLOYER: COMMITTEE:	TOURSELL TOLLT	\$	0		MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE:	Douglas Burnett 102 East High Street Jefferson City, Missouri 65102	1.0/	14/2005	\$	100.00
EMPLOYER: COMMITTEE:	· · · · · · · · · · · · · · · · · · ·	\$	0		MONETARY IN-KIND
NAME: ADDRESS:	Laborers Local 110 Political Fund	10/	14/2005	\$	300.00

TOTAL: ITEMIZED CONTRIBUTIONS

CITY / STATE:

COMMITTEE:

EMPLOYER:

11000 Lin Valle

St. Louis, Missouri 63123

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

MONETARY

IN-KIND

1.0/14/2005

0



TOTAL: ITEMIZED CONTRIBUTIONS

MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFF	(15" + 15	1141	A1	
×				2000 (NO.
330				
-88000				
				800000
20000	4000.00	0.000		
	0000000	.0000000000		

	CONTRIBUTIONS RECEIVED - SUPPLEMENTAL		
NAME OF COMMIT	TEE	DATE	
ZWEIFEL FOR ST	TATE REPRESENTATIVE	1/14/2006	
NSTRUCTIONS			31
	purpose of the Contributions Received supplement is to provide a printed	d outline for attaching addi	tional pages to Form CD1
	leceived). This form should be used as additional space for reporting per		
committee contr	ibutions. This form may be reproduced as needed.		
Total all itemized	d contributions at the bottom of the page and carry to item 7 (Subtotal: Ite	emized Contributions From	Any Attached Pages) on
Form CD-1.			
if further informa	ation is needed concerning reporting itemized expenditures, see Form CD)-1 Instructions.	
		Ti numeros es	E MOUNT DECEMED
	TRIBUTIONS RECEIVED TEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATE RECEIVED	5. AMOUNT RECEIVED
	DO TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
NAME, ADDRES	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			200.00
ADDRESS:	GlaxoSmithKline PO Box 13681	12/28/2005	\$ 300.00
CITY / STATE: EMPLOYER:	Philidelphia, Pennsylvania 19101		MONETARY
COMMITTEE:	• •	\$ 0	IN-KIND
NAME:			T IN-IVIND
ADDRESS:	Carpenters Local 47Segregated Fund	/ /	\$ 300.00
CITY / STATE:	1401 Hampton Avenue, Room 152	1.2/28/2005	•
MPLOYER:	St. Louis, Missouri 63139	\$ 0	MONETARY
COMMITTEE:		<u> </u>	IN-KIND
NAME:	Winner of Grades of Breakhorfelesian BRG		A 200 00
ADDRESS: CITY/STATE:	Missouri Society of Anesthesiologists PAC PO Box 1402	1.2/28/2005	\$ 300.00
EMPLOYER:	Jefferson City, Missouri 65102		MONETARY
COMMITTEE:	•	\$ 0	IN-KIND
IAME:		·	
ADDRESS:	Warren Shufeldt	10/20/2025	\$ 10.00
CITY / STATE:	1721 Whittier	1.2/30/2005	
MPLOYER:	Springfield, IL 62704	\$ 0	MONETARY
COMMITTEE:		<u> </u>	IN-KIND
NAME:	Harrah's Operating Company		
ADDRESS: CITY / STATE:	1023 Cherry Road	1.2/30/2005	\$ 300.00
MPLOYER:	Memphis, TN 38117	14144 (0.415141304313410614116144111111441	MONETARY
COMMITTEE:		 \$ 0	IN-KIND
IAME:			
ADDRESS:	Missouri Eye PAC	12/22/225	\$ 300.00
CITY / STATE:	1705 Christy Drive Suite 101 Jefferson City, MO 65101	12/30/2005	
MPLOYER:	CICY, MO 65101	\$ 0	MONETARY
COMMITTEE:			IN-KIND
IAME:	Missouri Retailers Association	+	
ADDRESS: CITY / STATE:	PO Box 1336	12/30/2005	\$ 100.00
MPLOYER:	Jefferson City, MO 63102	***************************************	MONETARY
COMMITTEE:		\$ 0	IN-KIND
IAME:			111 111 111
DDRESS:	St. Louis Port Council Educational Fund	12/20/2005	\$ 200.00
CITY / STATE:	4581 Gravois St. Louis, MO 63116	12/30/2005	
MPLOYER:	ac. Bodis, No estite	\$ 0	MONETARY
COMMITTEE:] *	IN-KIND

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



OFFIC	100	(1) II V		
100		A 145		
130000		0000000000	0.000	
				100000000
			80.000.00	000000000000000000000000000000000000000
1000000000		999 9999		

1000						
NAME OF COMMIT	TEE	DAITE				
ZWEIPEL FOR ST	ATE REPRESENTATIVE	1./1	4/2006			
INSTRUCTIONS						
PURPOSE: The	purpose of the Contributions Received supplement is to provide a printed	outline for	attaching addit	ional page	es to Form CD1	
•	eceived). This form should be used as additional space for reporting pers	ons contrib	outing more that	n \$100 an	d for	
committee contr	ibutions. This form may be reproduced as needed.					
	d contributions at the bottom of the page and carry to item 7 (Subtotal: Item	nized Cont	ributions From	Any Attac	hed Pages) on	
Form CD-1.						
If further informa	ation is needed concerning reporting itemized expenditures, see Form CD-	1 Instructio	ns.	,		
	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMO	UNT RECEIVED	
	TEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING TO A COMMITTEE.	AGG	REGATE TO		CK IF MONETARY	
	S AND OCCUPATION (LIST COMMITTEES FIRST)		DATE] '	OR IN-KIND)	
NAME:		Τ				
ADDRESS:	Safer Families for Missouri PO Box 1792	12/	20/2005	\$	300.00	
CITY / STATE:	Jefferson City, Missouri 65102	100 PH I MAIN	**************			
EMPLOYER:		\$	0	🖳	MONETARY	
COMMITTEE:				 	IN-KIND	
ADDRESS:	Carpenters District Council of KC and Vicinity			\$	300.00	
CITY / STATE:	325 W. 39th Street	1.2/	20/2005	Ι Ψ	300.00	
EMPLOYER:	Kansas City, Missouri 64111	····			MONETARY	
COMMITTEE:		\$	0		IN-KIND	
NAME:		T	,	Τ.		
ADDRESS:	Monsanto Company	12/	20/2005	\$	300.00	
CITY / STATE:	800 N. Lindbergh St. Louis, Missouri 63031		20/2003		Luguezion	
EMPLOYER:	oc. Bodis, Missoull ososi	\$	0	1	MONETARY IN-KIND	
NAME:				 	HA-VIIAD	
ADDRESS:	PAN-M Political Action for Nurses			\$	100.00	
CITY / STATE:	PO Box 105228	1	20/2005			
MPLOYER:	Jefferson City, Missouri 65102	\$	0		MONETARY	
COMMITTEE:		Ψ			IN-KIND	
NAME:	Iron Workers Local 396 Voluntary Fund	1				
ADDRESS:	2500 59th Street	12/	20/2005	\$	300.00	
CITY / STATE: EMPLOYER:	St. Louis, Missouri 63110	***************************************			MONETARY	
COMMITTEE:		\$	0		MONETARY IN-KIND	
NAME:	The state of the s			 	III-KIND	
ADDRESS:	Deborah Theime	l		\$	300.00	
CITY / STATE:	232 N. Kingshighway	12/	20/2005	1		
MPLOYER:	St. Louis, Missouri 63108	\$	0	Z	MONETARY	
COMMITTEE:		Ψ			IN-KIND	
NAME:	Bricklayers Local No. 1 Truth Committee					
ADDRESS: CITY / STATE:	2000 Market Street	12/	28/2005	\$	100.00	
EMPLOYER:	St. Louis, Missouri 63103	12222114 11441	,		MONETARY	
COMMITTEE:		\$	0		IN-KIND	
AME:		 		† <u></u>	.,,,,,,,,	
ADDRESS:	Teamsters Local Union No. 541 Political Action Fund 4501 Van Brunt Boulevard	/	30/3005	\$	300.00	
CITY / STATE:	Kansas City, Missouri 64130		28/2005	'		
MPLOYER:		\$	0		MONETARY	
COMMITTEE:					IN-KIND	
TOTAL: ITEMIZE	D CONTRIBUTIONS			Г		٦

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



ÓП	1CE	USE	ONL	Y		

***						***

NAME OF COMMITTEE	DATE
ZWEIFEL FOR STATE REPRESENTATIVE	1/14/2006
INSTRUCTIONS	
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed out	, +

committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.

					
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOI	UNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			(CHEC	CK IF MONETARY
	0 TO A COMMITTEE.	,AGG	REGATE TO	, ,	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	T COMMITTEES FIRST) DATE			· · · · · · · · · · · · · · · · · · ·
NAME:	Quarry Workers Local 829				200 00
ADDRESS:	380 MARKET ST	12	/1/2005	\$	300.00
CITY / STATE:	STE GENEVIEVE MO 63670		, _,		
EMPLOYER:	SIB GENEVIEVE NO 03070	\$	0		MONETARY
COMMITTEE:					IN-KIND
NAME:				1 .	
ADDRESS:	Eastern Missouri Laborer Education Fund	12	/1/2005	\$	300.00
CITY / STATE:	3450 Hollenberg Drive		, 1, 2005		
EMPLOYER:	Bridgeton, Missouri 63044	\$	0	↓ ✓	MONETARY
COMMITTEE:		Ψ	<u> </u>		IN-KIND
NAME:					
ADDRESS:	United Union of Rcofers	1	/30/000	\$	300.00
CITY / STATE:	2920 Locust Street		/12/2005	1	
EMPLOYER:	St. Louis, Missouri 63103	\$	0		MONETARY
COMMITTEE:		Τ_φ	0		IN-KIND
NAME:		T			
ADDRESS:	Microsoft		1 1	\$	250.00
CITY / STATE:	One Microsoft Way	1	/12/2005	1	
EMPLOYER:	Redmond, WA 98052	1		Z	MONETARY
Z COMMITTEE:		\$	0		IN-KIND
NAME:			· · · · · · · · · · · · · · · · · · ·		
ADDRESS:	IBEW 1439			\$	200.00
CITY / STATE:	2121 59th Street		12/2005	*	200.00
EMPLOYER:	St. Louis, Missouri 63110	1		17	MONETARY
Z COMMITTEE:		\$	0		IN-KIND
NAME:				+	
ADDRESS:	Teamsters Local 618	Ì		\$	300.00
CITY / STATE:	300 South Grand		12/2005	1 *	500.00
EMPLOYER:	St. Louis, Missouri 63103	1 .			MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:		 		+	THE TOTAL OF THE T
ADDRESS:	Elect Political Fund UFCW			\$	200.00
CITY / STATE:	300 Weidman Road Ballwin, Missouri 63011	1.2/	12/2005	Ψ	300.00
EMPLOYER:	·	********			MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:		 		+	MANIND
ADDRESS:	Internation Union of Operating Engineers 2			s	100.00
CITY / STATE:	2929 South Jefferson Avenue	12/	12/2005	Ψ	100.00
EMPLOYER:	St. Louis, Missouri 63118	***********	***************************************	177	MONETARY
COMMITTEE:		\$	0		
		<u></u>		ليال	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS]
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)					



Vanabrania and	V O 100 / E 11/	and the second section	
OFFICE	USE ON		

800.000.00		000000000000000000000000000000000000000	80.000
.00000000000000000000000000000000000000			

N	A NA	FC	٦E	cc	IM	MIT	TFF

DATE

ZWEIFEL FOR STATE REPRESENTATIVE 1/14/2006					
(Contributions R	purpose of the Contributions Received supplement is to provide a printe eceived). This form should be used as additional space for reporting pelibutions. This form may be reproduced as needed.				
Total all itemized Form CD-1.	contributions at the bottom of the page and carry to item 7 (Subtotal: It	emized Cont	ributions From	Any Attac	hed Pages) on
If further informa	ntion is needed concerning reporting itemized expenditures, see Form CI)-1 Instructio	ons.		
FROM COMMITT MORE THAN \$10	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 10 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)		RECEIVED REGATE TO DATE	(CHE	UNT RECEIVED CK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	SBC Missouri Employee PAC One SBC Center St. Louis, Missouri 63101		/17/2005 	\$	250.00 MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER:	St. Louis County Police Association 9620 Lackland Road St. Louis, Missouri 63114	11/	⁷ 21/2005	\$	300.00
NAME: ADDRESS: CITY / STATE: EMPLOYER:	Cendant Corporation 510 West Parkland Drive Sandy, Utah 84070	1.1/	/21/2005	\$	300.00 MONETARY
COMMITTEE: NAME: ADDRESS: CITY / STATE: EMPLOYER:	Hoisting Engineers Local 513 PAC 3449 Hollenberg Bridgeton, Missouri 63044		0/21/2005	\$	300.00 MONETARY
COMMITTEE: NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE:	Boilermakers Local 27 Vol. Fund 1547 South Broadway St. Louis, Missouri 63104	11/	/21/2005 0	\$	300.00 MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE:	St. Louis Area Realtors PAC 12777 Olive Boulevard St. Louis, Missouri 63141	11/	⁷ 21/2005 0	\$	300.00 MONETARY
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Swain Group 21 Bingham Road Columbia, Missouri 65203	\$	⁷ 22/2005 0	\$	300.00 MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	IBEW Local Union 124 Voluntary Political 301 East 103rd Terrace Kansas City, Missouri 64114	\$	0	\$	300.00 MONETARY IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	CHED PAGES	S" ON FORM CI	D-1)	_'-



OFFIC	E US	EONLY	

NAME OF COMMITTEE	DATE
ZWEIFEL FOR STATE REPRESENTATIVE	1/14/2006
INSTRUCTIONS	
DIRECT: The purpose of the Contributions Required supplement in	r to provide a printed outling for attaching additional pages to

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.

A. ITEMIZED CONT	ITEMIZED CONTRIBUTIONS RECEIVED			5. AMO	UNT RECEIVED
1	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO		CHEC	CK IF MONETARY
MORE THAN \$10	O TO A COMMITTEE.	AGG	DATE		OR (N-KIND)
IN NAME ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)		DATE	 	
i	Howell Chiropractic Center, PC	İ		,	150.00
ADDRESS: CITY / STATE:	490 Howdershell Road	1.1/	15/2005	\$	130.00
EMPLOYER:	Florissant, Missouri 63031		*****************		A 4 CO LI I TOTA CO L
l	,	\$	0	¥	MONETARY
L COMMITTEE:				 	IN-KIND
	Midwest Petroleum Co			_	
ADDRESS:	6760 Southwest	11/	15/2005	\$	300.00
CITY / STATE:	St. Louis Missouri 63143				
EMPLOYER:	DE. BOULS MISSOULL 03143	S	0	<u> </u>	MONETARY
COMMITTEE:			-		IN-KIND
NAME:	Glaziers Local Union 513 Political Action Fund	ł		1	200 00
ADDRESS:	5916 Wilson Avenue	137	15/2005	\$	300.00
CITY / STATE:	St. Louis, Missouri 63110		TJ/ 2.00J		
EMPLOYER:	,,	\$	0	<u> </u>	MONETARY
COMMITTEE:			<u> </u>		IN-KIND
NAME:	DIEGO MARIA DE CONTRA DE C				
ADDRESS:	BLET Missouri PAC	1 .1/	15/2005	\$	300.00
CITY / STATE:	1934 Windriver Drive		15/2005	l	
EMPLOYER:	Jefferson City, Missouri 65101	S	0	Z	MONETARY
Z COMMITTEE:					IN-KIND
NAME:	Con Northern Land 5 C Walnut v. DRG	1			
ADDRESS:	Gas Workers Local 5-6 Voluntary PAC 7750 Olive Boulevard	1	'	\$	200.00
CITY / STATE:	St. Louis, Missouri 63130		15/2005		
EMPLOYER:	St. Louis, Missouri 63130	\$	0	Z	MONETARY
Z COMMITTEE:		Ψ			IN-KIND
NAME:		1			
ADDRESS:	Pipefitters Local 533 Volunteer Political Fund 8600 Hillcrest Road	1 11	1 = 1000=	\$	300.00
CITY / STATE:	Kansas City, Missouri 64138		15/2005		
EMPLOYER:	Manuab City, Mibbouri 04130	\$			MONETARY
COMMITTEE:		Ψ	0		IN-KIND
NAME:					<u> </u>
ADDRESS:	Electrical Workers Voluntary Political Educaton 5850 Elizabeth Avenue			\$	300.00
CITY / STATE:	St. Louis, Missouri 63110	11/	15/2005	Į	
EMPLOYER:		•	^		MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:					
ADDRESS:	Laborers International Union of North America	1 ,,,	15/0005	\$	300.00
CITY / STATE:	3449 Hollenberg Drive Bridgeton, Missouri 63044	1	15/2005		
EMPLOYER:	bilagecon, Missouri 65044	1 .			MONETARY
COMMITTEE:		\$	0		IN-KIND
TOTAL: ITEMIZE	DCONTRIBUTIONS				
r tour t t motressimin					
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	IED PAGES	" ON FORM CD	-1)	

FORM CD-1 SUPPLEMENTAL



OFFICE	HE OWN		:
V			;
			٠
			١
200 0000000000000000000000000000000000			١
.00.000.000			١
		00.7000.0000.0000	

ı	NAME	OF	COMI	/ITTEE

DATE

ZWEIPEL POR ST	TATE REPRESENTATIVE	1/14/2006	
INSTRUCTIONS			
PURPOSE: The (Contributions R	purpose of the Contributions Received supplement is to provide a printed teceived). This form should be used as additional space for reporting pertibutions. This form may be reproduced as needed.		
Total all itemized Form CD-1.	d contributions at the bottom of the page and carry to item 7 (Subtotal: Ite	emized Contributions From	n Any Attached Pages) on
if further informa	ation is needed concerning reporting itemized expenditures, see Form CD	-1 Instructions.	
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 100 TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
3. NAME. ADDRES NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS: CITY / STATE:	MBA Capitol Region PAC 207 East Capitol Avenue Jefferson City, Missouri 65101	1.2/20/2005	\$ 300.00
EMPLOYER: COMMITTEE:	defferson city, Missoull 65101	\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE:	CWA District 6 PAC 10820 Sunset Office Drive	12/20/2005	\$ 150.00
EMPLOYER: COMMITTEE:	St. Louis, MO 63127	\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER:	78th District Legislative Dem. Committee 723 Bellflower Hazelwood, Missouri 63042	12/20/2005 \$ 0	\$ 1,500.00
NAME:	Our war Maint and Blied Woods		IN-KIND
ADDRESS: CITY / STATE: EMPLOYER:	Quarry Maint. and Allied Trade 899 St. Genevieve Drive St. Genevieve, MO 63670	1.2/20/2005 \$ 0	MONETARY
NAME:		<u> </u>	IN-KIND
ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Western Missouri and Kansas Laborers Dist. Council 2001 Empire Avenue Joplin, Missouri 64804	1.2/20/2005 \$ 0	\$ 300.00 MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER:	St. Louis Labor Council AFLCIO Project 2000 1401 Hampton Avenue St. Louis, Missouri 63139	12/20/2005	\$ 300.00
COMMITTEE:		\$ 0	IN-KIND
NAME: ADDRESS: CITY / STATE:	Sheetmetal Workers Local 36 PAC 301 South Ewing St. Louis Missouri 63103	12/20/2005	
EMPLOYER: COMMITTEE:		\$ 0	MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE:	General American Life Associates PAC 13045 TESSON FERRY RD B1-51 ST LOUIS MO 63128	22/20/2005	\$ 300.00
EMPLOYER: COMMITTEE:		\$ 0	MONETARY IN-KIND
TOTAL STERRITE	O CONTRIBUTIONS		1

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



			 ×
*	۱		3
*	×.		
*		. ;	×
×.			

	CONTRIBUTIONS RECEIVED - SUPPLEMENTAL				
VAME OF COMMIT	TEE ATE REPRESENTATIVE	DAITE	4/2006		
NSTRUCTIONS			- 1		
PURPOSE: The (Contributions R	purpose of the Contributions Received supplement is to provide a printed eceived). This form should be used as additional space for reporting persibutions. This form may be reproduced as needed.				
Total all itemized Form CD-1.	scontributions at the bottom of the page and carry to item 7 (Subtotal: Iter	mized Cont	ributions From	Any Attach	ed Pages) on
If further informa	ation is needed concerning reporting itemized expenditures, see Form CD-	1 Instructio	ns.		
	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOU	NT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	1	REGATE TO	(CHEC)	CIF MONETARY
	0 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	1700	DATE	0	R IN-KIND)
NAME:	3 AND OCCUPATION (ED.) COMMITTEES FIRST)	 			
ADDRESS:	Laborers Local 662 Volunteer PAC	1		\$	300.00
CITY / STATE:	209 Flora Drive	1.1/	30/2005	1	
MPLOYER:	Jefferson City, Missouri 65101				MONETARY
COMMITTEE:		\$	0	1 3	IN-KIND
NAME:		 		 	
ADDRESS:	Laboers Local 264 PAC	l	(00 (000-	\$	300.00
CITY / STATE:	1101 East 87th Street].1/	30/2005	*	•
MPLOYER:	Kansas City, 64131	Φ.		7	MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:					****
ADDRESS:	Asbestos Workers Political Account			\$	300.00
CITY / STATE:	400 South Main	1.1/	30/2005		
MPLOYER:	Independence, Missouri 64050	•	0	Z	MONETARY
COMMITTEE:		\$	0		IN-KIND
IAME:					
ODRESS:	Missouri Concrete Association PAC	1 11/	30/2005	\$	300.00
CITY / STATE:	Post Office 392		30/2003	Ī	
MPLOYER:	Jefferson City, Missouri 65102	\$	0		MONETARY
COMMITTEE:					IN-KIND
IAME:	Laborers Union 718 PAC		•		
NDDRESS:	Post Office Box 132	1 11/	30/2005	\$	300.00
CITY / STATE:	DeSoto, Missouri 63020		30/2003	l	
MPLOYER:	Deboto, Medodale oboto	\$	0	1 32	MONETARY
COMMITTEE:		<u> </u>		<u> </u>	IN-KIND
IAME:	Painters District Council Number 2 General Fund				
DDRESS:	2501 59th Street	13/	30/2005	\$	300.00
CITY / STATE:	St. Louis, Missouri 63110				
MPLOYER:		 \$	0	1 ==	MONETARY
COMMITTEE:		 		 L	IN-KIND
IAME:	Operating Engineers 148 PAC			•	
NDDRESS:	148 Wilma Drive	111/	30/2005	\$	300.00
OTY / STATE:	Maryville, Illinois 62062			- 	MONETARY
MPLOYER: COMMITTEE:	-	\$	0	! ===	MONETARY
M COMMITTEE:				 	N-KIND

COMMITTEE:

TOTAL: ITEMIZED CONTRIBUTIONS

611 North Garth

Columbia, Missouri 65023

ADDRESS:

CITY / STATE:

EMPLOYER:

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

Construction and General Laborers 955

MONETARY

IN-KIND

12/1/2005

0

300.00



OFFICE	USE	ONLY	

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE 1/14/2006

NSTRUCTIONS			 <u> </u>			anal angue to Form Ci
NETRICTIONS	1	girnen er er er		4 1 172 144 11 (18	1. 1 .	()

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE	RECEIVED	5. AMOI	JNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		DECATE TO	CHEC	CK IF MONETARY
	O TO A COMMITTEE.	افاقانا,	REGATE TO DATE		OR IN-KIND)
,	S AND OCCUPATION (LIST COMMITTEES FIRST)		DATE		
NAME:	DC Inc.				300.00
ADDRESS:	895 Bolger Court	111/	/22/2005	\$	300.00
CITY / STATE:	Fenton, Missouri 63026				
EMPLOYER:	Tolloon, Micoodiff 55325	\$	0	/	MONETARY
COMMITTEE:					IN-KIND
NAME:					
ADDRESS:	U-GAS	1 11/	22/2005	\$	300.00
CITY / STATE:	895 Bolger Court		22/2005		
EMPLOYER:	Fenton, Missouri 63026	S	0	✓	MONETARY
COMMITTEE:			<u> </u>		IN-KIND
NAME:					
ADDRESS:	Missouri Hospital Association Health PAC		(00 (0007	\$	300.00
CITY / STATE:	PO Box 60		22/2005		
EMPLOYER:	Jefferson City, Missouri 65102	\$			MONETARY
COMMITTEE:		•>	0		IN-KIND
NAME:				T	
ADDRESS:	Novartis			\$	300.00
CITY / STATE:	One Health Plaza	1 '	29/2005	, i	
EMPLOYER:	East Hanover, New Jersey 07936	1 .	*************************		MONETARY
COMMITTEE:		\$	0		IN-KIND
NAME:				1	
ADDRESS:	Laborers Local 660 PAC			\$	300.00
CITY / STATE:	601 South 4th Street		29/2005		300.00
EMPLOYER:	St. Charles, Missouri 63301				MONETARY
Z COMMITTEE:		\$	0		IN-KIND
NAME:				+	
ADDRESS:	Laborers Local 1104	1		s	300.00
CITY / STATE:	2117 Broadway	:11/	29/2005	Ι Ψ	300.00
EMPLOYER:	Cape Girardeau, Missouri 63701	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	777	MONETARY
COMMITTEE:		\$	0	 	IN-KIND
NAME:					III-KIIID
NAME. ADDRESS:	Laborers Union Local 916 Vol PAC	İ			
CITY / STATE:	430 N Washington Street	3.17	30/2005	\$	300.00
	Farmington, Missouri 63640			<u></u>	MONETARY
EMPLOYER:	3	\$	0	😕	MONETARY
COMMITTEE:				 	IN-KIND
NAME:	Greater Kansas City Building and Trades PAC				
ADDRESS:	400 South Main Street	1.1/	30/2005	\$	300.00
CITY / STATE:	Independence Missouri 64050				
EMPLOYER:		\$	0		MONETARY
COMMITTEE:					IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS				
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES	5" ON FORM CE	J-1)	



OFFICE	コラギつ	Mr.Y		
200000000000000000000000000000000000000		000000000000000000000000000000000000000	. 600	W.
E000000000000				**:
200000000000000000000000000000000000000				8
000000000000000000000000000000000000000				w
60000000000				:::
500000000000000000000000000000000000000				Ö.
- 100 CO CO CO CO CO CO CO CO CO CO CO CO CO				
		**********		× 22

A4-0055 T.		
AME OF COMMITTEE		CATE
ZWEIFEL FOR STATE	REPRESENTATIVE	1/14/2006
NSTRUCTIONS		

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED	
	ES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	· · · · · · · · · · · · · · · · · · ·	(CHECK IF MONETARY	
	TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)	
	AND OCCUPATION (LIST COMMITTEES FIRST)	UAIE		
NAME:	UPSPAC-Missouri		\$ 250.00	
ADDRESS:	55 Glenlake Parkway, NE	10/14/2005	230.00	
CITY / STATE:	Atlanta, Georgia 30328		MONETARY	
EMPLOYER:		\$ 0	MONETARY IN-KIND	
COMMITTEE:			L IN-VIND	
NAME:	Diversified Health Services Corporation		\$ 300.00	
ADDRESS:	477 North Lindbergh Boulevard	10/14/2005	\$ 300.00	
CITY / STATE:	St. Louis, Missouri 63141	141014117944777441104031413101011114445141	IZ MONETARY	
EMPLOYER:		\$ 0	MONETARY	
COMMITTEE:			L IN-KIND	
NAME:	UFCW Local No. 88 Meatcutters Union		\$ 300.00	
ADDRESS: CITY/STATE:	5730 Elizabeth Avenue	10/13/2005	, p	
EMPLOYER:	St. Louis, Missouri 63110	, I., 14 mm/hy (**************************	MONETARY	
COMMITTEE:	,	S 0	IN-KIND	
NAME:			L (N-MINU	
NAME: ADDRESS:	The Chartock Living Trust	1	\$ 150.00	
AUDRESS: CITY/STATE:	532 Midvale Avenue	10/13/2005	φ 150.00	
EMPLOYER:	University City, Missouri 63103	14414144441444444444444444444444444	MONETARY	
COMMITTEE:	• • · · · · · · · · · · · · · · · · · ·	\$ 0	IN-KIND	
NAME:	* .		F BA-MAD	
ADDRESS:	Spector and Wolfe, LLC		\$ 300.00	
CITY / STATE:	206 Argonne Suite 101	10/13/2005	300.00	
EMPLOYER:	Kirkwood, MO 63122		MONETARY	
COMMITTEE:		\$ 0	IN-KIND	
NAME:			(IA-1/IIAC)	
ADDRESS:	Laborers'Local 42 PAC		\$ 300.00	
CITY / STATE:	3710 Enright Avenue	10/13/2005	Ψ 300.00	
EMPLOYER:	St. Louis, Missouri 63108		MONETARY	
COMMITTEE:		\$ 0	IN-KIND	
NAME:			L. HALMAD	
ADDRESS:	Diekemper Hammond, PC		\$ 300.00	
CITY / STATE:	7730 Carondelet, Suite 200	10/13/2005	ψ 300.00	
EMPLOYER:	St. Louis, Missouri 63105	, page 14 11 your ************************************	MONETARY	
COMMITTEE:		\$ 0	IN-KIND	
NAME:				
ADDRESS:	Western Anthesiology Associates, Inc.	122122	\$ 300.00	
CITY / STATE:	339 Consort Drive	10/13/2005	333.50	
EMPLOYER:	Ballwin, Missouri 63011		MONETARY	
COMMITTEE:		\$ 0	IN-KIND	
	CONTRIBUTIONS		·	
TOTAL: HEWIZE	2 COULUINIO BUILO		~ ~	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	L/14/2006	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	DATE	MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME:		
ADDRESS:		\$
CITY/STATE: View Supplemental Form(s)		*
EMPLOYER:	1974929993911919111111111111111111111111111	MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		,
EMPLOYER:	£	MONETARY
COMMITTEE:		☐ IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:	-101419100111111111111111111111111111111	<u> </u>
EMPLOYER:	\$	MONETARY
COMMITTEE:	`\p'	☐ IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:	1 (1 × 20)011111111111111111111111111111111111	
EMPLOYER:	S	MONETARY
L COMMITTEE:		IN-KIND
NAME: ADDRESS:		\$
CITY / STATE:) P
EMPLOYER:		MONETARY
COMMITTEE:	S	I IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 30,110.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 30,110.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 30,110.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED		AMOUNT
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	LOTA A	RECEIVED 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00 \$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS	S101 OP LESS	
C. LOANS RECEIVED		\$ 0.00 17. AMOUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	To. DATE RECEIVED	(IF MORE THAN \$100 ATTACH CD-1B)
NAME:		ATTACH CO-IBI
ADDRESS:		
CITY / STATE:		 \$
NAME:		<u></u>
ADDRESS:		
CITY / STATE:		\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 30,110.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9, 13 & 20)	\$ 30,110.00
		FORM CD1